	Case 24-10969	-M Document 1 Filed in U	USBC ND/OK on 07/30/24	Page 1 of 108
Fill	in this information to identify your ca	se:		
Uni	ted States Bankruptcy Court for the:			
	Northern District of Oklah	oma		
Cas	se number (<i>If known</i>):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13		☐ Check if this is an amended filing
	ficial Form 101 Dluntary Petition f	for Individuals Filing	a for Bankruptcy	06/24
The I in joi eithe joint Be as spac	bankruptcy forms use you and Dekint cases, these forms use you to a er debtor owns a car. When informa cases, one of the spouses must rest complete and accurate as possible is needed, attach a separate sheation.		married couple may file a bankruptcy corexample, if a form asks, "Do you own ately, the form uses <i>Debtor 1</i> and <i>Debtor</i> as <i>Debtor 2</i> . The same person must ner, both are equally responsible for su	or 2 to distinguish between them. In be Debtor 1 in all of the forms. oplying correct information. If more
Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Sp	ouse Only in a Joint Case):
1.	Your full name	Steven	Jessica	
	Write the name that is on your	First name	First name	_
	government-issued picture	David	Lynn	
	identification (for example, your driver's license or passport).	Middle name	Middle name	
	,	Salway	Salway	
	Bring your picture identification to your meeting with the trustee.	Last name	Last name	
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)	

2. All other names you have

names.

used in the last 8 years

Include your married or maiden

names and any assumed, trade names and doing business as

Do NOT list the name of any separate legal entity such as a

corporation, partnership, or LLC that is not filing this petition.

Only the last 4 digits of your

Social Security number or

xxx - xx - <u>0</u> <u>8</u> <u>5</u> <u>3</u> OR

Business name (if applicable)

Business name (if applicable)

Steve

First name

Middle name

Salway

Last name

xxx - xx - <u>6</u> <u>1</u> <u>8</u> <u>0</u> OR

9xx - xx - ___ __ __

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

9xx - xx - ___ __ __

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Debtor 1 Debtor 2		Steven Jessica	David Salway Lynn Salway				Case number (if known)				
		First Name	Middle Name Last Name					,			
			About	Debtor 1:			Abo	out Del	btor 2 (Spouse C	Only in a Joint	Case):
4.	Your Emplo Number (El	oyer Identification N), if any.	EIN			- -	EIN				_
			EIN		- — — —	- —	EIN				_
5.	Where you	live					lf D	ebtor 2	2 lives at a differ	ent address:	
			329 N	N Cumming	s Ave						
			Numbe	r Street			Nun	nber	Street		
				esville, OK	74006-1902						
			City		State	ZIP Code	City			State	ZIP Code
				hington							
			County				Cou	nty			
			fill it ir		ress is different fron hat the court will sen address.		it in	here.	2's mailing addre Note that the co- iling address.		
			Numbe	r Street			Nun	nber	Street		
			P.O. Bo	эx			P.O.	Box			
			City		State	ZIP Code	City			State	ZIP Code
6.	Why you ar	e choosing <i>this</i>	Check	one:			Che	eck one	e:		
	district to fi	le for bankruptcy	ha	ver the last 18 ave lived in thi strict.	30 days before filing is district longer than	this petition, I in any other	√	Over thave I	the last 180 days lived in this distri t.	s before filing the ct longer than	nis petition, I in any other
			☐ Ir (S	nave another i ee 28 U.S.C.	reason. Explain. § 1408)			I have (See 2	another reason 28 U.S.C. § 1408	. Explain. 3)	
			-					_			
			_								
			_								

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Debtor 1 Steven Debtor 2 Jessica		David Lynn	Salway Salway	Case nu	Case number (if known)						
		First Name	Middle Name	Last Name							
Par	t 2: Tell th	e Court About Yo	ur Bankrupt	ccy Case							
7.		r of the Bankruptcy re choosing to file		see <i>Notice Required by 11 U.S.</i> 0 p of page 1 and check the approp	C. § 342(b) for Individuals Filing for oriate box.						
			Chapte Chapte Chapte	er 11 er 12							
8.	How you w	ll pay the fee	details a check, o a credit	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.							
			to Pay 7	o pay the fee in installments. If The Filing Fee in Installments (C	you choose this option, sign and Official Form 103A).	attach the Application for Individuals					
			judge m official p choose	ay, but is not required to, waive overty line that applies to your	your fee, and may do so only if y family size and you are unable to	are filing for Chapter 7. By law, a our income is less than 150% of the pay the fee in installments). If you 7 Filing Fee Waived (Official Form					
9.	Have you fi	led for bankruptcy	☑ _{No.}								
J.	within the la		Yes. Dis	42.4	MIL	Once another					
			— ies. Dis	trict	When MM / DD / YYYY						
			Dis	trict	When	Case number					
					MM / DD / YYYY						
			Dis	trict	When	Case number					
					MM / DD / YYYY	,					
10.	Are any bar	nkruptcy cases	☑ _{No.}								
	pending or	being filed by a	☐Yes. Del	otor		Relationship to you					
	case with y	ou, or by a ortner, or by an		trict	When	Case number, if known					
	affiliate?	in third in Edy unit			MM / DD / YYYY	<u> </u>					
			Del	otor		Relationship to you					
			Dis	trict	When	Case number, if known					
					MM / DD / YYYY						
44	Do you re-	your residence?	☑ No. G	o to line 12.							
11.	you ren	. your residence?		o to line 12. as your landlord obtained an ev	viction judgment against you?						
				No. Go to line 12.	ionom juugment agamst you?						
					About an Eviction Judgment Aga	inst You (Form 1014) and file it					
			_	as part of this bankruptcy pet		instruction for A and the It					

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Debtor 1 Steven Debtor 2 Jessica		David Lynn	Salway Salway		Case number (if known)					
		First Name	Middle Name	e Last Name		Case Hamber (I. M.em.)				
Par	t 3: Report	About Any Busin	esses You	u Own as a Sole Proprietor						
12.		ole proprietor of	☑ No. Go	to Part 4.						
	any full- or pulled business?	oart-time	☐ Yes. N	ame and location of business						
		u operate as an nd is not a separate	Name o	of business, if any						
	,	partnership, or LLC.	Numbe	r Street						
	proprietorshi sheet and at	nore than one sole p, use a separate tach it to this								
	petition.		City		State	ZIP Code				
			Check the appropriate box to describe your business:							
			☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))							
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))							
			☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))							
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))							
			☐ No	one of the above						
13.	11 of the Ba	ng under Chapter nkruptcy Code, a s <i>mall busin</i> ess	appropriate sheet, state	e deadlines. If you indicate that you	u are a small business tement, and federal ir	u are a small business debtor so that it can set s debtor, you must attach your most recent balance noome tax return or if any of these documents do not				
		on of s <i>mall business</i>	☑ No.	I am not filing under Chapter 11.						
debtor, see 11 U.S.C. § 101(51D).		☐ No.	I am filing under Chapter 11, but Bankruptcy Code.	I am NOT a small bu	siness debtor according to the definition in the					
			☐ Yes.	I am filing under Chapter 11, I ar Bankruptcy Code, and I do not c	ebtor according to the definition in the der Subchapter V of Chapter 11.					
			☐ Yes.	I am filing under Chapter 11, I ar Bankruptcy Code, and I choose		ebtor according to the definition in the ochapter V of Chapter 11.				

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Debtor 1 Debtor 2	Steven Jessica	David Lynn	Salway Salway			Case number ((if known)		
	First Name	Middle Name	Last Name			Caco Hamber (
Part 4: Rep	oort if You Own or Ha	ave Any Hazardo	ous Property or	Any Prope	rty That Needs	s Immediate A	Attentior	٦	
14. Do you	own or have any	☑ No.							
	that poses or is to pose a threat of	☐ Yes. What	is the hazard?						_
	t and identifiable public health or								_
	Or do you own any that needs immediate			-					_
attention	1?	If imm	ediate attention is	needed, why	is it needed?				
perishab that mus	nple, do you own le goods, or livestock t be fed, or a building ds urgent repairs?								<u>-</u> -
		Where	e is the property?						_
				Number	Street				
									_
				City			State	ZIP Code	

Debtor	1	
Debtor	2	

Part 5:

Steven Jessica David Lynn Salway Salway Last Name

Case number (if known).

First Name

Middle Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Lynn	Salway Salway		Case n	umber	(if known)
Middle N	ame Last Name				
s for Re	eporting Purposes				
16a.					
	No. Go to line 16b. Yes. Go to line 17.				
16b.	for a business or investment or No. Go to line 16c.				
16c.		e th	at are not consumer debts or bus	iness d	lebts.
	No. I am not filing under Chap	pter	7. Go to line 18.		
e					
	,		☐ 25,001-50,000 ☐ 50,00	0-100,0	000
	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$50,000,001-\$100 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	\$0-\$50,000		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
chosen to chosen to choose the	to file under Chapter 7, I am awanderstand the relief available underseents me and I did not pay or and read the notice required by 11	are nder r agr 1 U.	that I may proceed, if eligible, undeach chapter, and I choose to procee to pay someone who is not an S.C. § 342(b).	der Cha oceed u	apter 7, 11,12, or 13 of title 11, United under Chapter 7. ey to help me fill out this document, I
tand mak	king a false statement, concealir	ing p	property, or obtaining money or pr	operty l	by fraud in connection with a
s/ Steve					
	on 07/23/2024		Executed on 07/2	3/2024	4
	Middle Notes for Reference 16a. 16a. 16b. 16c. 16c	Middle Name Last Name Is for Reporting Purposes 16a. Are your debts primarily consinured by an individual priminal No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily busing for a business or investment on the last of la	Middle Name Last Name Is for Reporting Purposes 16a. Are your debts primarily consum "incurred by an individual primarily No. Go to line 16b. 1 No. Go to line 16b. 1 Yes. Go to line 17. 16b. Are your debts primarily business for a business or investment or thr No. Go to line 16c. 1 No. Go to line 16c. 1 Yes. Go to line 17. 16c. State the type of debts you owe the Yes. I am filing under Chapter 7. I administrative expenses are No. Yes 1 -49	Lynn Salway Case r	Lynn Salway Case number

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Debtor 1	Steven	David	Salway	
Debtor 2	Jessica	Lynn	Salway	Case number (if known)
	First Name	Middle Name	Last Name	Case number (ii known)
represented If you are not	orney, if you are by one t represented by an u do not need to file this	proceed under each chapter f 11 U.S.C. § 34	r Chapter 7, 11, 12, or 13 of for which the person is eligil 42(b) and, in a case in whicl	this petition, declare that I have informed the debtor(s) about eligibility to it title 11, United States Code, and have explained the relief available under ble. I also certify that I have delivered to the debtor(s) the notice required by h § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry with the petition is incorrect.
		X /s/ Ron	Brown	Date 07/23/2024
		· -	e of Attornev for Debtor	MM / DD / YYYY
		Brown I Firm name 1609 E. Number	Law Firm PC	
		Tulsa		OK 74120
		City		State ZIP Code
		Contact p	hone <u>(918) 585-9500</u>	Email address ron@ronbrownlaw.com
		16352		ОК
		Bar numb	er	State

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Fill in this	information to identify your c	ase and this filing:				
Debtor 1	Steven	David	Salway			
	First Name	Middle Name	Last Name		_	
Debtor 2	Jessica	Lynn	Salway			
(Spouse, if	First Name	Middle Name	Last Name		_	
United Sta	tes Bankruptcy Court for the: _	Northern	District of	Oklahoma		
Case num	ber					Check if this is an amended filing
<u>Official</u>	Form 106A/B					
Sched	dule A/B: Prop	erty				12/15
Part 1:	Describe Each Res	idence, Building	g, Land, or Othe	er Real Estate Y		Interest In
-	lo. Go to Part 2.	•	•	G , ,	,	
	es. Where is the property?					
1.1	329 N Cummings Ave Street address, if available, or	✓ Single-fa	property? Check all amily home or multi-unit building	that apply.	Do not deduct secured claim the amount of any secure Creditors Who Have Claim	ed claims on Schedule D:
	description	Condon	ninium or cooperative ctured or mobile hon		Current value of the entire property?	Current value of the portion you own?
	Bartlesville, OK 74006-19	Investm	ent property		\$80,000.00	\$80,000.00
	City State ZIP	Code Other			Describe the nature of yo (such as fee simple, tena a life estate), if known.	-
	Washington County	Who has all	n interest in the pro	perty? Check one.	Joint Tenancy	
		☐ Debtor 2 ☐ Debtor 2	•	nd another	Check if this is comm (see instructions)	nunity property

Other information you wish to add about this item, such as local

property identification number:

Legal: THE SOUTH 24 FEET OF LOT TEN (10) AND THE NORTH 36 FEET OF LOT ELEVEN (11) IN BLOCK ONE (1) OF L.R. NEAVES REVISED ADDITION TO THE CITY OF BARTLESVILLE, WASHINGTON COUNTY, STATE OF OKLAHOMA

Source of Value: FMV

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$80,000.00

Part 2:

Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debtor Salway, Steven David; Salway, Jessica Lynn

Case number (if known) _

	_							
3.	Cars	s, vans, trucks, tractors	, sport utility v	rehicles, motorcycles				
		10						
	√ Y	⁄es						
	3.1	Make:	Suzuki	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i>			
		Model:	Hayabusa	☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Creditors Who Have Clair	, , ,		
		Year:	2019	☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?		
		Approximate mileage:	6000	☐ Check if this is community property (see instructions)	\$14,190.00	\$14,190.00		
		Other information:						
		Motor Cycle VIN: JS1GX72B1K	7100758					
	If you	u own or have more than	one, describe	here:				
	3.2	Make:	Ford	Who has an interest in the property? Check one.	Do not deduct secured cla			
		Model:	Mustang	I At least one of the debtors and another	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
		Year:	2020		Current value of the entire property?	Current value of the portion you own?		
		Approximate mileage:	65000	☐ Check if this is community property (see instructions)	\$25,543.00	\$25,543.00		
		Other information:		instructions)				
		VIN: 1FA6P8CFXL	5129316					
	3.3	Make:	Subaru	Who has an interest in the property? Check one.	Do not deduct secured cla			
		Model:	WRX	☐ Debtor 1 only ☐ Debtor 2 only	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.			
		Year:	2020	✓ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?		
		Approximate mileage:	43000	☐ Check if this is community property (see instructions)	\$30,077.00	\$30,077.00		
		Other information:		·				
		VIN: JF1VA2E6XL	9808339					
4.		mples: Boats, trailers, mo		and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle and				
	□ Y	⁄es						
	4.1	Make: Model:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:		
		Year:		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?		
		Other information:		☐ Check if this is community property (see instructions)				

Official Form 106A/B Schedule A/B: Property page 2

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known)

5.	Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here							
Pa	rt 3: Describe You	ur Personal and Household Items						
Do y	ou own or have any legal o	r equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.					
6.	Household goods and fur Examples: Major appliance	nishings es, furniture, linens, china, kitchenware						
	☐ No							
	Yes. Describe	Misc. household goods and furnishings	\$3,000.00					
7.	•	I radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ctronic devices including cell phones, cameras, media players, games						
	✓ Yes. Describe	Three cellphones, three tv's, three security cameras, one smart watch, and one game system	\$1,000.00					
8.		gurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or ollections; other collections, memorabilia, collectibles						
9.		hobbies raphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and try tools; musical instruments						
	□ No ☑ Yes. Describe	One bicycle.	\$100.00					
10.	Firearms Examples: Pistols, rifles, s	hotguns, ammunition, and related equipment						
	☐ No ☑ Yes. Describe	One handgun and one shotgun	\$600.00					
11.	Clothes Examples: Everyday clothe	es, furs, leather coats, designer wear, shoes, accessories						
	☐ No ☑ Yes. Describe	Clothes	\$1,000.00					

Debtor Salway, Steven David; Salway, Jessica Lynn

Case number (if known)

12.	Jewelry Examples: Everyday jewel silver	lry, costume jewelry, engag	gement rings, wedding rings, heirloom jewelry, watches, gems, gold,	
	☐ No			
	✓ Yes. Describe	One wedding band		\$300.00
13.	Non-farm animals Examples: Dogs, cats, bird	ds, horses		
	☐ No			
	✓ Yes. Describe	Four dog		\$0.00
14.	Any other personal and h	ousehold items you did r	not already list, including any health aids you did not list	
	☐ No			
	✓ Yes. Give specific information	One push lawn mow	er and one weed eater.	\$250.00
15.		-	t 3, including any entries for pages you have attached	\$6,250.00
Pa	ırt 4: Describe You	ur Financial Assets		
Do y	ou own or have any legal o	r equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you have	ve in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your petition	
	☐ No ☑ Yes			\$300.00
17.			ounts; certificates of deposit; shares in credit unions, brokerage houses, multiple accounts with the same institution, list each.	
	□ No			
	√ Yes		Institution name:	
	17	.1. Checking account:	Bank of Oklahoma Account Number: 8870	\$28.00
	17	.2. Checking account:	Truity Credit Union Account Number: XXX3-40	\$611.14
	17	.3. Savings account:	Truity Credit Union Account Number: XXX3-24	\$0.24
	17	.4. Savings account:	Truity Credit Union Account Number: XXX3-01	\$5.00
		3		

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known) 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No ☐ Yes Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No Yes. Give specific information about Name of entity: % of ownership: them..... BVille Nutrition LLC | 100% D2 | LLC holds the following 100.00% - Cash Drawer with \$250 FMV - Ice machine - Rented - Herbalife Supplies with \$500 FMV - Chairs in Lobby with \$500 FMV - Desk Chairs with \$125 FMV - Bank of Oklahoma Account number ending in 8406 LLC owes the following debts: \$0.00 - \$16k loan to Bank of Oklahoma - Month to month rent in 819 S Madison Blvd, Blvd, OK 74006 Value is computed at \$0 because liabilities exceed the assets. This information provided on this non-filing entity is not designed to be a full disclosure of all of the company's assets, liabilities and transactions, but is given for informational purposes. Debtor is available to answer

Government and corporate bonds and other negotiable and non-negotiable instruments

questions about this business.

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

₫	No		
	Yes		

Yes. Give specific
information about
them

Issuer	name:

Official Form 106A/B Schedule A/B: Property page 5

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Debtor Salway, Steven David; Salway, Jessica Lynn

Case number	(if known)
Case Hullinel	(II KIIOWIII

21.	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans							
	☑ No							
	Yes. List each account separately.	Type of account:	Institution name:					
		401(k) or similar plan:						
		Pension plan:						
		IRA:						
		Retirement account:						
		Keogh:						
		Additional account:						
		Additional account:						
22.	Security deposits and	prepayments						
			de so that you may continue service or use from a company I rent, public utilities (electric, gas, water), telecommunications companies, or					
	✓ No							
	Yes	In	stitution name or individual:					
	_	Electric:						
		Gas:						
		Heating oil:						
		Security deposit on rer	ntal unit:					
		Prepaid rent:						
		Telephone:						
		Water:						
		Rented furniture:						
		Other:						
23.	Annuities (A contract for	or a periodic payment of	money to you, either for life or for a number of years)					
	√ No							
	Yes	Issuer name and descr	iption:					
		-						

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known)

24.	Interests in an education IRA, in an acc 26 U.S.C. §§ 530(b)(1), 529A(b), and 529	count in a qualified ABLE program, or under a qualified state (b)(1).	ate tuition program.	
	☑ No			
		and description. Separately file the records of any interests.11	U.S.C. § 521(c):	
25.	Trusts, equitable or future interests in for your benefit	property (other than anything listed in line 1), and rights o	r powers exercisable	
	√ No			
	Yes. Give specific information about them			
	mornator about them			
26.	Patents, copyrights, trademarks, trade	secrets, and other intellectual property		
	Examples: Internet domain names, webs	sites, proceeds from royalties and licensing agreements		
	☑ No			
	Yes. Give specific information about them			
	miormation about them			
27.	Licenses, franchises, and other genera	ıl intangibles		
		enses, cooperative association holdings, liquor licenses, profe	ssional licenses	
	√ No			
	Yes. Give specific			
	information about them			
Mone	ey or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	☑ No			
	Yes. Give specific information about		ederal:	
	them, including whether you already filed the returns and			
	the tax years		tate:	
		L	ocal:	-
29.	Family support			
	Examples: Past due or lump sum alimon	y, spousal support, child support, maintenance, divorce settler	nent, property	
settlement				

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known) _ **√** No ☐ Yes. Give specific information. Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **√** No Yes. Give specific information. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No ✓ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value. ... State Farm | Vehicle insurance policy **Debtor** \$0.00 StateFarm | Homeowner's insurance policy **Debtor** \$0.00 Through employer | Health insurance policy **Debtor** \$0.00 Through employer | Term life insurance policy \$50k death benefits only Husband \$0.00 Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **√** No ☐ Yes. Give specific information.

Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

√ No

Yes. Describe each claim.

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known) _ Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **√** No Yes. Describe each claim. Any financial assets you did not already list ☐ Yes. Give specific information. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 36. \$944.38 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ✓ No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. Accounts receivable or commissions you already earned **√** No ☐ Yes. Describe. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices **√** No Yes. Describe. 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade **√** No

Official Form 106A/B Schedule A/B: Property page 9

Yes. Describe.

☐ Yes. Describe.

41. Inventory **√** No

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Debto	Salway, Steven David; Salway, Jessica Lynn	Case number (if known)
42.	Interests in partnerships or joint ventures	
	√ No	
	Yes. Describe	
	Name of entity:	% of ownership:
	,	·
40		
43.	Customer lists, mailing lists, or other compilations	
	☑ No	
	Yes. Do your lists include personally identifiable information (as	s defined in 11 U.S.C. § 101(41A))?
	☐ No	
	Yes. Describe	
44.	Any business-related property you did not already list	
44.		
	✓ No ☐ Yes. Give specific	
	information	
	-	
	-	
	-	
45.	Add the dollar value of all of your entries from Part 5, including any for Part 5. Write that number here	
Pa	rt 6: Describe Any Farm- and Commercial Fishing	-Related Property You Own or Have an Interest In.
. u	If you own or have an interest in farmland, list it in	Part 1.
46.	Do you own or have any legal or equitable interest in any farm- or o	commercial fishing-related property?
	☑ No. Go to Part 7.	
	Yes. Go to line 47.	
		Current value of the
		portion you own?
		Do not deduct secured claims or exemptions.

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known)

47.	Farm animals Examples: Livestock, poultry, farm-raised fish	
	☑ No	
	☐ Yes	
		-
48.	Crops—either growing or harvested	
	✓ No	
	Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	☑ No	
	☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No	
	☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	☑ No	
	Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
Pa	Tt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already list?	
	Examples: Season tickets, country club membership	
	☑ No	
	Yes. Give specific information	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
04.	And the dollar value of an or your charles from that it. Write that number here	
Pa	rt 8: List the Totals of Each Part of this Form	
55.	Part 1: Total real estate, line 2	\$80,000.00
56.	Part 2: Total vehicles, line 5 \$69,810.00	
57.	Part 3: Total personal and household items, line 15 \$6,250.00	

Official Form 106A/B Schedule A/B: Property page 11

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Debtor Salway, Steven David; Salway, Jessica Lynn Case number (if known) Part 4: Total financial assets, line 36 58. \$944.38 Part 5: Total business-related property, line 45 \$0.00 59. Part 6: Total farm- and fishing-related property, line 52 \$0.00 60. Part 7: Total other property not listed, line 54 61. \$0.00 \$77,004.38 \$77,004.38 Copy personal property total Total personal property. Add lines 56 through 61. 62. \$157,004.38 Total of all property on Schedule A/B. Add line 55 + line 62. 63.

Official Form 106A/B Schedule A/B: Property page 12

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Fill in this inform	ation to identify yo	our case:		
Debtor 1	Steven	David	Salway	
	First Name	Middle Name	Last Name	
Debtor 2	Jessica	Lynn	Salway	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court f	or the: North	ern District of	Oklahoma
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1: Identify the Property You Claim as Exempt						
1.	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
	Brief description of the property and line on <i>Schedule A/B</i> that lists this property		· · · · · ·	Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim neck only one box for each exemption.	Specific laws that allow exemption
	Brief description		329 N Cummings Ave Bartlesville, OK 74006-1902	\$80,000.00	□	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 §§ 1(A)(1), (2)
3.	any applicable statutory inflit						

Debtor 1 Debtor 2
 Steven
 David
 Salway
 Case number (if known)

 Jessica
 Lynn
 Salway

 First Name
 Middle Name
 Last Name

art 2: Add	ditional Page				
Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	2019 Suzuki Hayabusa VIN: JS1GX72B1K7100758 Motor Cycle	\$14,190.00			Okla. Stat. tit. 31 § 1(A)(13)
Line from Schedule A/B:	3.1		₫	100% of fair market value, up to any applicable statutory limit	Onta: Otal: III. 31 3 1(A)(13)
Brief description:	2020 Subaru WRX VIN:	\$30,077.00			
Line from Schedule A/B:	JF1VA2E6XL9808339		□	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(13)
Brief description:	Misc. household goods and	\$3,000.00			
Line from Schedule A/B:	furnishings 6		□	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3)
Brief description:	Three cellphones, three tv's, three security cameras, one smart watch, and one game system	\$1,000.00			
Line from Schedule A/B:			₫	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3)
Brief description:	One handgun and one shotgun	\$600.00	_		Okla. Stat. tit. 31 § 1(A)(14)
Line from Schedule A/B:	10		₫	100% of fair market value, up to any applicable statutory limit	S. 100 (100 (100 (100 (100 (100 (100 (100
Brief description:	Clothes	\$1,000.00			Okla. Stat. tit. 31 § 1(A)(7)
Line from Schedule A/B:	11		₫	100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Steven David Salway Case number (if known)

Debtor 2 Jessica Lynn Salway

Last Name

Middle Name

First Name

line on Schede	on of the property and ule A/B that lists this	Current value of the portion you own		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
property		Copy the value from Schedule A/B	On	con only one box for each exemption.		
Brief description:	One wedding band	\$300.00			Okla. Stat. tit. 31 § 1(A)(8)	
Line from Schedule A/B:	12		₫	100% of fair market value, up to any applicable statutory limit		
Brief description:	One push lawn mower and one	\$250.00				
	weed eater.				Okla. Stat. tit. 31 § 1(A)(3)	
Line from Schedule A/B:	14		√	100% of fair market value, up to any applicable statutory limit		
Brief	Cash	\$300.00				
description: Line from Schedule A/B:	16		A	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 §§ 1(A)(18),	
Brief	Bank of Oklahoma	\$28.00				
description:	Checking account					
	Acct. No.: 8870				Okla. Stat. tit. 31 §§ 1(A)(18),	
Line from Schedule A/B:	17		☑	100% of fair market value, up to any applicable statutory limit		
Brief	Truity Credit Union	\$611.14				
description:	Checking account Acct. No.: XXX3-40		<u> </u>	\$458.35	Okla Stat tit 21 88 1/A\/10\	
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 §§ 1(A)(18),	
Brief	Truity Credit Union	\$0.24				
description:	Savings account Acct. No.: XXX3-24		_			
	ACCL NO.: AAA3-24		4	\$0.18	Okla. Stat. tit. 31 §§ 1(A)(18),	
Line from Schedule A/B:	17		ш	100% of fair market value, up to any applicable statutory limit		
Brief	Truity Credit Union	\$5.00				
description:	Savings account Acct. No.: XXX3-01		4	¢2.7F	Oklo Ctot 411 24 55 4/43/453	
Line from	-			\$3.75 100% of fair market value, up to	Okla. Stat. tit. 31 §§ 1(A)(18),	
Schedule A/B:	17			any applicable statutory limit		
Brief description:	StateFarm	\$0.00				
accomption.	Homeowner's insurance policy		_		Okla Stat tit 25 5 2524 4	
Line from			4	100% of fair market value, up to	Okla. Stat. tit. 36 § 3631.1	
Schedule A/B:	31			any applicable statutory limit		

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 Debtor 1
 Steven
 David
 Salway
 Case number (if known)

 Debtor 2
 Jessica
 Lynn
 Salway

 First Name
 Middle Name
 Last Name

	on of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption		
Brief description:	State Farm Vehicle insurance policy	\$0.00			Okla. Stat. tit. 36 § 3631.1		
Line from Schedule A/B:	31		4	100% of fair market value, up to any applicable statutory limit	Onia. Stat. III. 30 § 3031.1		
Brief description:	Through employer Health insurance policy	\$0.00					
Line from Schedule A/B:	31		□	100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 36 § 3631.1		
Brief description:	Through employer Term life insurance policy \$50k death	\$0.00			_		
Line from	benefits only		□ √		Okla. Stat. tit. 36 § 3631.1		
Schedule A/B:	31		•	any applicable statutory limit			

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Fill in this inform	ation to identify your	case:							
Debtor 1	Steven	David		Salway					
200101	First Name	Middle N	ame	Last Name					
Dahtar 2		•		0-1					
Debtor 2 (Spouse, if filing)	Jessica	Lynn		Salway					
(======,g)	First Name	Middle N	ame	Last Name					
United States E	Bankruptcy Court for	the:	Northern	District o	f Oklahoma				
Case number (i	f								
known)				_				☐ Check if amende	this is an
								amende	a ming
<u>Official Forn</u>	<u>n 106D</u>								
Schedu	le D: Cred	ditors	Who	Have Cla	ims Sec	ured	by P	roperty	12/15
Po as complete	and accurate as no	ccible If two	married no	onlo aro filina togo	than both are agu	ually recees	scible for	supplying correct info	ormation If
								of any additional page	
name and case r	number (if known).	J	,		•			,	, ,
1. Do any cred	litors have claims s	ecured by y	our property	y?					
☐ No. Ched	ck this box and subm	nit this form to	the court wi	th your other schedu	iles. You have noth	ning else to r	report on t	his form.	
✓ Yes. Fill i	n all of the information	on below.							
Part 1:	ist All Secured (Claims							
						Column A		Column B	Column C
				secured claim, list the particular claim, list		Amount o	f alaim	Value of collateral	Unsecured
				alphabetical order a				that supports this	portion
creditor's na		, ,		.,	3	Do not dedu value of coll		claim	If any
2.1 Bank of	Oldah awa		Dogoribo the	a proporty that agai	rea the eleim.			#00.000.00	
Creditor's N	Oklahoma		Describe the	e property that secu	ires the claim:	\$39,	00.00	\$80,000.00	\$0.00
		_	329 N Cun	nmings Ave Bartl	esville, OK 740	06-1902			
Number	Frank Phillips Blv Street	<u>a</u> [
Number	Street	4	As of the da	te you file, the clair	n is: Check all tha	it apply.			
-			Continge						
	ille, OK 74006-83		Unliquida						
City	State Z	IP Code	Disputed						
Who owes	the debt? Check o		_	n. Check all that app	•				
Debtor	1 only		✓ An agree	ment you made (suc	ch as mortgage or	secured car	loan)		
☐ Debtor	•		•	lien (such as tax lier	, mechanic's lien)				
	1 and Debtor 2 only			it lien from a lawsuit					
At leas anothe	t one of the debtors r	and	✓ Other (in offset)	cluding a right to	Mortgage				
	if this claim relates unity debt	s to a							
Date debt	was incurred	2009	Last 4 digits	of account number	r 0 8 5	3			

\$39,000.00

Add the dollar value of your entries in Column A on this page. Write that number here:

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Debtor 1	Steven	David	Salway	Case	number (if known)			
Debtor 2	Jessica	Lynn	Salway					
	First Name	Middle N	ame Last Name					
Part 1:	Additional Page After listing any followed by 2.4,	entries on th	is page, number them beginning with	2.3,	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.2 Freed	lom Road Financ	ial	Describe the property that secures	the claim:	\$10,480.00	\$14,190.00	\$0.00	
	r's Name 5 Double R Blvd, er Street	#100	2019 Suzuki Hayabusa Motor Cycle As of the date you file, the claim is:	Check all tha	t apply.			
City Who or Det Det Det At leans	Who owes the debt? Check one. Debtor 1 only Debtor 2 only		☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ P	liquidated sputed e of lien. Check all that apply. agreement you made (such as mortgage or secured car loan) attutory lien (such as tax lien, mechanic's lien) dgment lien from a lawsuit her (including a right to Purchase Money Security Interest				
	uity Credit Union		Describe the property that secures	\$37,950.00	\$25,543.00	\$12,407.00		
Credito	r's Name		2020 Ford Mustang				<u>, , , , , , , , , , , , , , , , , , , </u>	
Numbe Bartle City	er Street esville, OK 74005 State	5-1358 ZIP Code	As of the date you file, the claim is: Contingent Unliquidated Disputed	Check all tha	t apply.			
☐ Deb ☐ Deb ☐ At l	wes the debt? Checotor 1 only botor 2 only botor 1 and Debtor 2 least one of the debtorter	only	Nature of lien. Check all that apply. ✓ An agreement you made (such as ☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit ✓ Other (including a right to offset)	chanic's lien)	secured car loan) oney Security Inte	erest		
_	eck if this claim rel nmunity debt	lates to a	•					
Date de	ebt was incurred	3/1/2022	Last 4 digits of account number	0 1 0	1			
If this	•		Column A on this page. Write that nu		\$48,430.00			

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Jebtor 1	Steven	David		Salway	Case	number (if known)			
Debtor 2	Jessica	Lynn		Salway					
	First Name	Middle N	ame	Last Name					
	Additional Pag	30				Column A	Column B	Column C	
Part 1:	·	entries on th	is page, ı	number them beginning	with 2.3,	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.4 TTCU			Descri	be the property that sec	ures the claim:	\$28,388.00	\$30,077.00	\$0.00	
Creditor's Po Box			2020	Subaru WRX					
Number	Street			he date you file, the clain	m is: Check all tha	at apply.			
Tulsa,	OK 74159-0999		_	iquidated					
City	State	ZIP Code	☐ Dis	puted					
Who ow	es the debt? Che	ck one.	Nature	of lien. Check all that ap	ply.				
Debt	tor 1 only		√ An	agreement you made (suc	ch as mortgage or	secured car loan)			
Debt	tor 2 only		☐ Sta	tutory lien (such as tax lier	n, mechanic's lien)				
₫ Debt	tor 1 and Debtor 2	only	☐ Jud	Igment lien from a lawsuit					
☐ At le anot	ast one of the debi	tors and	☑ Oth offs	er (including a right to set)	Purchase M	oney Security Inte	erest		
	ck if this claim re munity debt	lates to a							
Date de	bt was incurred	1/1/2022	Last 4	digits of account number	er <u>0 1 0</u>	0			
	•			A on this page. Write tha		\$28,388.00			
	the last page of y at number here:	your form, add	d the doll	ar value totals from all p	oages.	\$115,818.00			

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Fill in this infor	mation to identify you	ır case:						
Debtor 1	Steven	David	Salway					
DODIO! !	First Name	Middle Name	Last Name					
Dobtor 2		1	Calman					
Debtor 2 (Spouse, if filing	Jessica	Lynn	Salway					
(000000,	First Name	Middle Name	Last Name					
United States	Bankruptcy Court fo	r the: Northe	Prn District of	Oklahoma				
Case number								
(if known)								Check if this is an
, ,							;	amended filing
Official Fo	rm 106E/F							
					d Ola	!		
Scheal	IIE E/F: CI	reditors wr	no Have Ur	isecured	d Cla	ıms		12/15
Form 106Å/B) a claims that are	and on Schedule G: listed in Schedule tries in the boxes on	Executory Contracts a D: Creditors Who Have	es that could result in a and Unexpired Leases (Claims Secured by Pro ontinuation Page to this	Official Form 106 operty. If more sp	G). Do no	t include ar eded, copy	y creditors the Part you	with partially secured need, fill it out,
Part 1:	List All of Your F	RIORITY Unsecured	d Claims					
	o to Part 2.	y unsecured claims ag	•					
2 Do any o	raditars have nonnr	iority unsecured claim	s against you?					
	•	•	this form to the court with	your other schedu	ules.			
nonpriorit included i	y unsecured claim, lis	st the creditor separately one creditor holds a par	alphabetical order of the for each claim. For each rticular claim, list the other	claim listed, identi	ify what typ	pe of claim i	t is. Do not lis	st claims already
								Total claim
4.1 Amorio	an Eagle		Last 4 digits of a	occount number	2 1	1 0		\$1,160.00
Amend	ty Creditor's Name			iccount number	3 1	1 0		\$1,100.00
•	•		When was the d	ebt incurred?	Un	nknown		
Po Box Number								
Number	Street		As of the date v	ou file, the claim i	is: Check	all that apply	,	
			Contingent	ou me, me olumi	is. Oncor	all triat appl	,.	
Philade	elphia, PA 19176-1		Unliquidated					
City	State	ZIP Co	ode Disputed					
Who inc	urred the debt? Che	eck one.	·					
☐ Debt	or 1 only			ORITY unsecured	d claim:			
₫ Debt	or 2 only		☐ Student loans					
	or 1 and Debtor 2 onl	у	•		aration agr	reement or c	livorce that y	ou did not report as
☐ At lea	ast one of the debtors	s and another	priority claims Debts to pens	ion or profit-sharir	na nlane in	and other sin	nilar debte	
☐ Chec	k if this claim is for	a community debt	✓ Other. Specify		ig piails, a	4114 UUIDI SIII	mai uebio	
le the el	aim subject to offse	+2	<u> </u>	Jicait Gaid				
Is the cia	ann subject to onse							

☐ Yes

Debtor	1	Steven	David	Salway	Case nur	mber (i	if known)					
Debtor	2	Jessica	Lynn	Salway									
		First Name	Middle Name	Last Name									
Par	rt 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation I	Page								
After	listing a	ny entries on thi	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.			Total claim				
4.2	Americ	can Eagle		Last 4 digits of	account number	9	9 !	5 1	unknown				
•		rity Creditor's Name	e										
	Ро Во	x 71757		When was the	debt incurred?		202	22	<u> </u>				
'	Number	Street											
				As of the date	you file, the claim is	s: Che	eck all t	hat app	ly.				
	Philad	elphia, PA 1917	76-1757	☐ Contingent	· · · · · · · · · · · · · · · · · · ·								
•	City	St	tate ZIF	Code Unliquidated	d								
	Who inc	curred the debt?	Check one.	Disputed	☐ Disputed								
		tor 1 only		Type of NONPF	Type of NONPRIORITY unsecured claim:								
		tor 2 only		=	☐ Student loans								
	Debt	tor 1 and Debtor 2	only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims								
		ast one of the deb		_ ' '	nsion or profit-sharing	g plan	s, and	other si	milar debts				
	☐ Che	ck if this claim is	for a community debt		ify Credit Card	٠.							
	Is the cl	aim subject to of	ffset?										
	√ No												
	☐ Yes												
4.3	Ascen	sion St. John		Last 4 digits of	account number	9	8 (9 7	\$562.52				
		ity Creditor's Name	e			<u> </u>	<u> </u>	<u> </u>					
	•	x 42008		When was the	debt incurred?		202	23	<u> </u>				
	Number												
				As of the date	you file, the claim is	s: Che	eck all t	hat app	ıly.				
'	Phoen	ix, AZ 85080-20	008	☐ Contingent									
	City	•		Code Unliquidated	d								
	, Wha inc	curred the debt?	Chook one	☐ Disputed									
		tor 1 only	Check one.	Type of NONPF	RIORITY unsecured	l claim	n:						
	_	tor 2 only		Student loar	าร								
		tor 1 and Debtor 2	only	•		ration	agreen	nent or	divorce that you did not report as				
	_	ast one of the deb	,	priority clain	ns nsion or profit-sharing	a nlan	s and	other si	milar dehts				
	☐ Che	ck if this claim is	for a community debt		ify Medical Bill	a hiai i	o, and t	ouidi əli	miliai debio				
	Is the cl	aim subject to of	ffset?		,								
	Mo No	a subject to of											
	☐ Yes												

Deptor 1	Steven	David	Salway	Case nu	mber (if known)					
Debtor 2	Jessica	Lynn	Salway								
	First Name	Middle Name	Last Name								
Part 2:	Your NONDRI	OPITY Unsecured C	laims — Continuatio	n Paga							
	any entries on thi	is page, number them b	eginning with 4.4, follo	owed by 4.5, and so fo	orth.			Total claim			
Bank 6	of Oklahoma		Last 4 digits	of account number	6	1 8	0	\$17,232.67			
Nonprio	rity Creditor's Name	е	When was th	e debt incurred?		2020					
Po Bo	x 790299			o dobt modificati		2020	<u>'</u>				
Number	Street										
				As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated							
Saint	Louis, MO 6317	9-0299	•								
City	St	ate ZIF	Code Disputed	eu							
Who in	curred the debt?	Check one.	_ Disputed								
☐ Deb	otor 1 only			Type of NONPRIORITY unsecured claim:							
Deb	otor 2 only			Student loansObligations arising out of a separation agreement or divorce that you did not report as							
Deb	otor 1 and Debtor 2	only	Obligation priority cla		ıration	agreeme	ent or divorce th	nat you did not report as			
= ' '	east one of the deb		. ,	ension or profit-sharin	g plan	s, and ot	her similar deb	ts			
☐ Che	ck if this claim is	for a community debt	✓ Other. Specific Specifi	ecify Business Dek	ot						
Is the c	laim subject to of	fset?									
☑ No											
Yes											
4.5 Capita	al One		Last 4 digits	of account number	0	5 8	8	\$475.00			
	rity Creditor's Name	9					<u> </u>				
Ро Во	x 3123		When was th	e debt incurred?		Unkno	wn				
Number	Street										
			As of the dat	e you file, the claim is	s: Che	ck all tha	at apply.				
Salt La	ake Cty, UT 841	10	☐ Continger	nt							
City			Code Unliquidat	ed							
Who in	curred the debt?	Chack and	☐ Disputed								
	otor 1 only	oneck one.	Type of NON	PRIORITY unsecured	l claim	1:					
	otor 2 only		☐ Student log	ans							
	otor 1 and Debtor 2	only			ration	agreeme	ent or divorce th	nat you did not report as			
☐ At le	east one of the deb	tors and another	priority cla	ums ension or profit-sharin	ıa plan	s, and ot	her similar deb	ts			
☐ Che	ck if this claim is	for a community debt									
Is the c	laim subject to of	fset?	-1	· <u></u>							
✓ No	,										
Yes											

Debtor 1	Steven	David	Salway	Case nur	mber (i	if known)				
Debtor 2	Jessica	Lynn	Salway								
	First Name	Middle Name	Last Name								
Part 2:	Your NONPRIC	ORITY Unsecured C	laims — Continuation I	Page							
After listin	ng any entries on this	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.			Total claim			
4.6 CB	NA Wayfair		Last 4 digits of	account number	3	2 () 2	\$3,398.00			
Non	priority Creditor's Name	Э									
Po	Box 6497		When was the	debt incurred?		202	<u>.1 </u>				
Num	ber Street										
			As of the date	ou file, the claim is	s: Che	eck all th	nat apply.				
Sio	oux Falls, SD 57117	-6497	Contingent	· ·							
City	Sta	ate ZIF	Code Unliquidated								
Who	incurred the debt?	Check one	☐ Disputed	☐ Disputed							
	Debtor 1 only	onook ono.	Type of NONPF	Type of NONPRIORITY unsecured claim:							
	Debtor 2 only		Student loar	is							
_	Debtor 1 and Debtor 2	only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 							
	At least one of the deb	tors and another	_ ' '								
	Check if this claim is	for a community debt		fy Credit Card	g plan	5, and (otrici ominia	debto			
Is th	e claim subject to of	fset?						-			
1											
4.7 CB	NA Wayfair		Last 4 digits of	account number	2	2 (. 1	unknown			
	priority Creditor's Name		Last 4 digits of	account number		<u> </u>	9 1	ulikilowii			
	Box 6497	•	When was the	debt incurred?		202	:1				
Num											
Num	ibei Gireet		As of the date	ou file, the claim is	s: Che	eck all tl	nat apply.				
C:-	Falla CD F7447	. 6407	☐ Contingent								
City	oux Falls, SD 57117		Code Unliquidated	l							
,			☐ Disputed								
	incurred the debt?	Check one.	Type of NONPE	NORITY unsecured	l claim	٠.					
_	Debtor 1 only		☐ Student loar		· Olaiiii	•					
	Debtor 2 only				ration	agreen	nent or divo	rce that you did not report as			
_	Debtor 1 and Debtor 2 At least one of the debtor	,	priority claim	is .		Ü		, ,			
		for a community debt		sion or profit-sharing	g plan	s, and o	other simila	debts			
_ (Cilcon ii tiiis Ciaiiil Is	ioi a community debt	✓ Other. Spec	fy Credit Card				-			
	e claim subject to of	fset?									
₫ 1											
	Yes										

Debtor 1	Steven	David	Salway	Case nur	nber <i>(i</i>	f known)					
Debtor 2	Jessica	Lynn	Salway								
	First Name	Middle Name	Last Name								
Part 2	Your NONPRIC	ORITY Unsecured C	aims — Continuation I	Page							
After list	ing any entries on this	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	rth.			Total claim			
4.8 Co	menity Bank Mauri	ces	Last 4 digits of	account number	2	0 2	· 1	\$1,795.00			
Nor	priority Creditor's Name	Э	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	dalet in account do							
Po	Box 182789		when was the	debt incurred?		806	0				
Nur	nber Street										
			As of the date	you file, the claim is	s: Che	ck all th	at apply.				
Co	lumbus, OH 43218-	-2789	Contingent								
City	•		Code Unliquidated	d							
Wh	o incurred the debt? (Shack one	☐ Disputed								
	Debtor 1 only	oneck one.	Type of NONPF	RIORITY unsecured	claim	:					
	Debtor 2 only		Student loar	าร							
_	Debtor 1 and Debtor 2	only			ration	agreem	ent or divor	ce that you did not report as			
	At least one of the deb	tors and another	priority clain	ns nsion or profit-sharing	a nlan	e and o	thar cimilar	dehts			
	Check if this claim is	for a community debt		ify Credit Card	g pian	3, and 0	uner similar	debis			
ls tl ☑ □		fset?									
4.9 Co	menity/The Buckle		Last 4 digits of	account number	3	7 0	. 8	\$2,400.00			
	priority Creditor's Name				Ť	<u> </u>		ΨΞ,ΨΟΟ:ΟΟ			
	Box 182273		When was the	debt incurred?		Unkno	own				
	nber Street			-							
			As of the date	you file, the claim is	s: Che	ck all th	at apply.				
Co	lumbus, OH 43218-	.2273	☐ Contingent								
City	•		Code Unliquidated	d							
Í			☐ Disputed								
	o incurred the debt? (oneck one.	Type of NONPF	RIORITY unsecured	claim	:					
_	Debtor 1 only Debtor 2 only		☐ Student loar	าร							
	Debtor 1 and Debtor 2	only	Obligations	arising out of a sepa	ration	agreem	ent or divor	ce that you did not report as			
_	At least one of the deb	,	priority clain								
		for a community debt		 ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card 							
ls ti	ne claim subject to of	fset?									
	No										
	Yes										

Debto	r 1	Steven	David	Salway	Case nu	mber (if known,					
Debto	r 2	Jessica	Lynn	Salway								
		First Name	Middle Name	Last Name								
Pa	rt 2:	Your NONPRIC	ORITY Unsecured C	aims — Continuatio	n Page							
After	r listing a	any entries on this	s page, number them b	eginning with 4.4, follo	wed by 4.5, and so fo	orth.			Total claim			
4.10	Come	nity/The Buckle		Last 4 digits	of account number	4	4 8	2	unknown			
		rity Creditor's Name)									
	Po Bo	x 182273		When was th	When was the debt incurred? Unknown							
	Number	Street										
					e you file, the claim is	s: Che	ck all th	at apply	-			
	Colum	bus, OH 43218-	2273	☐ Contingen								
	City	Sta	ate ZIP	Code Unliquidat Disputed	ed							
	Who inc	curred the debt?	Check one.	☐ Disputed	☐ Disputed							
	☐ Debt	tor 1 only		Type of NON	Type of NONPRIORITY unsecured claim:							
	✓ Debt	tor 2 only		Student lo								
		tor 1 and Debtor 2	•	☐ Obligation priority cla	•	ration	agreem	ent or di	ivorce that you did not report as			
		ast one of the debt		Debts to p	s, and o	ther sim	ilar debts					
	☐ Che	ck if this claim is	for a community debt	✓ Other. Spen	ecify Credit Card							
	Is the cl	aim subject to off	set?									
	√ No											
	☐ Yes											
4.11	Corne	rstone		Last 4 digits	of account number	0	0 0	2	\$78,461.00			
	Nonprior	rity Creditor's Name)	W//	- d-l-(i d0							
	633 Sp	oirit Drive		when was th	e debt incurred?		1/1/20)14	_			
	Number	Street		<u></u>								
					e you file, the claim is	s: Che	ck all th	at apply	-			
	Cheste	erfield, MO 6300	95	Contingen								
	City	Sta	ate ZIP	Code Unliquidat Disputed	ed							
	Who inc	curred the debt?	Check one.	☐ Disputed								
	☐ Debt	tor 1 only		7.	PRIORITY unsecured	l claim	1:					
	✓ Debt	tor 2 only		✓ Student lo								
	_	tor 1 and Debtor 2	•	☐ Obligation priority cla		ration	agreem	ent or di	ivorce that you did not report as			
		ast one of the debt		_ ' '	ension or profit-sharin	g plans	s, and o	ther sim	ilar debts			
	☐ Che	CK If this claim is	for a community debt	Other. Spe	ecify				<u> </u>			
	Is the cl	aim subject to off	set?									
	√ No											
	Yes											

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Debto	r 1	Steven	David	Salway	Case nur	mber (if knowr	n)				
Debto	r 2	Jessica	Lynn	Salway								
		First Name	Middle Name	Last Name								
		1										
Pa	irt 2:	Your NONPRI	ORITY Unsecured C	aims — Continuati	on Page							
Afte	r listing a	any entries on thi	s page, number them b	eginning with 4.4, fol	lowed by 4.5, and so fo	orth.			Total claim			
4.12	Corne	rstone		Last 4 digit	s of account number	0	0	0 5	\$21,335.00			
		rity Creditor's Name				Ť			<u> </u>			
	633 Sr	oirit Drive		When was	the debt incurred?		9/1/2	019	_			
	Number											
				As of the da	As of the date you file, the claim is: Check all that apply.							
	Cheste	erfield, MO 6300)5	☐ Continge	ent							
	City	•		Code Unliquid								
	Who inc	curred the debt?	Shook and	☐ Disputed	☐ Disputed							
		tor 1 only	SHECK OHE.	Type of NO	Type of NONPRIORITY unsecured claim:							
		tor 2 only		✓ Student	☑ Student loans							
		tor 1 and Debtor 2	only	•		ration	agreen	nent or o	divorce that you did not report as			
	☐ At le	ast one of the debt	tors and another	priority o	claims pension or profit-sharing	a nlan	s and	other sir	milar dehts			
	☐ Che	ck if this claim is	for a community debt	Other. S		g plan	o, and	011101 011	That dobto			
	Is the cl	aim subject to of	fset?		· · ·							
	√ No											
	☐ Yes											
4.13	Corne	rstone		Last 4 digit	s of account number	0	0	0 6	\$20,912.00			
		rity Creditor's Name				Ť						
	•	oirit Drive		When was	the debt incurred?		5/1/2	020	_			
	Number											
				As of the da	ate you file, the claim is	s: Che	ck all t	hat appl	ly.			
	Cheste	erfield, MO 6300)5	☐ Continge	ent							
	City	•		Code Unliquid								
	Who inc	curred the debt?	Shack one	☐ Disputed	d							
		tor 1 only	SHECK OHE.	Type of NO	NPRIORITY unsecured	claim	n:					
	_	tor 2 only		✓ Student	loans							
		tor 1 and Debtor 2	only			ration	agreen	nent or o	divorce that you did not report as			
		ast one of the debt		priority o	ciaims pension or profit-sharing	a plan:	s. and	other sir	milar debts			
	☐ Che	ck if this claim is	for a community debt	Other. S		<u> </u>	,					
	Is the cl	aim subject to of	fset?									
	√ No											
	Yes											

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Debtor 1 Steven David Salway Case number (if known) _ Debtor 2 Jessica Lynn Salway First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Cornerstone Last 4 digits of account number 0 0 0 3 \$18,122.00 Nonpriority Creditor's Name When was the debt incurred? 1/1/2018 **633 Spirit Drive** Number Street As of the date you file, the claim is: Check all that apply. Contingent Chesterfield, MO 63005 Unliquidated City ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☐ Debtor 1 only ✓ Student loans ☑ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims $\ \square$ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? **☑** No ☐ Yes 4.15 Cornerstone Last 4 digits of account number 0 0 0 4 \$17,389.00 Nonpriority Creditor's Name When was the debt incurred? 11/1/2018 **633 Spirit Drive** Number Street As of the date you file, the claim is: Check all that apply. Contingent Chesterfield, MO 63005 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☐ Debtor 1 only ✓ Student loans **☑** Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ☐ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? **☑** No ☐ Yes

Deptor 1	Steven	David	Salway	Case nur	mber (if known)	
Debtor 2	Jessica	Lynn	Salway			
	First Name	Middle Name	Last Name			
David Or	L V NONDO	ODITY 11				
Part 2:	Your NONPRI	ORITY Unsecured C	iaims — Continuatioi	1 Page		
After listing	any entries on th	is page, number them b	eginning with 4.4, follo	wed by 4.5, and so fo	orth.	Total claim
4.16 Credi	t Bureau Syster	ns	Last 4 digits	of account number	8 4 5 9	\$2,988.00
Nonprio	ority Creditor's Nam	е	NA/Is and a second of	- 4-1-4 :		
Attn:	Bankruptcy		wnen was th	e debt incurred?	8/2/2022	
100 F	ulton Court					
Numbe				•	s: Check all that apply.	
Padu	cah, KY 42001		☐ Continger			
City	S	tate ZII	Code Unliquidat	ea		
Who in	curred the debt?	Check one.	□ Disputed			
	otor 1 only			PRIORITY unsecured	claim:	
	otor 2 only		☐ Student Id			
	otor 1 and Debtor 2	,	U Obligation priority cla	•	ration agreement or divorce that	you did not report as
	east one of the deb		,		g plans, and other similar debts	
☐ Che	eck if this claim is	for a community debt	✓ Other. Sp	ecify MedicalDebt		
Is the c	claim subject to o	ffset?				
₫ No						
☐ Yes	3					
4.17 Credi	t One		Last 4 digits	of account number	9 6 2 4	\$1,250.00
-	ority Creditor's Nam	e			0 0 2 4	Ψ1,200.00
•	ox 98872		When was th	e debt incurred?	Unknown	
Numbe						
			As of the dat	e you file, the claim is	s: Check all that apply.	
I as V	egas, NV 89193	-8872	☐ Continger			
City	<u> </u>		Code Unliquidat	ed		
Who in	curred the debt?		☐ Disputed			
	otor 1 only	Check one.	Type of NON	PRIORITY unsecured	claim:	
	otor 2 only		☐ Student lo	ans		
	otor 1 and Debtor 2	? only	9	•	ration agreement or divorce that	you did not report as
☐ At l	east one of the del	otors and another	priority cla		g plans, and other similar debts	
☐ Che	eck if this claim is	for a community debt		ecify Credit Card	g pranto, and other offilial debte	
Is the o	claim subject to o	ffset?	·			
☑ No	,-	•				
☐ Yes						

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Deptor 1	Steven	David	Salway	Case nur	mber (if	known) _		
Debtor 2	Jessica	Lynn	Salway					
	First Name	Middle Name	Last Name					
D1-0-	VNONDRI	ODITY II		D				
Part 2:	Tour NONPRI	ORITY Unsecured C	iaims — Continuatio	n Page				
After listing	any entries on thi	s page, number them b	eginning with 4.4, follo	owed by 4.5, and so fo	orth.			Total claim
4.18 Credi	t One Bank Na		Last 4 digits	of account number	7	4 8	4	unknown
Nonprid	ority Creditor's Name	е						
Ро Во	ox 98872		When was th	e debt incurred?		Jnknov	<u>wn</u>	
Numbe	er Street							
			As of the da	te you file, the claim is	s: Chec	k all tha	at apply.	
Las V	/egas, NV 89193-	8872	Continger					
City			Code Unliquida	ted				
Who in	ncurred the debt?	Check one	☐ Disputed					
	btor 1 only	ondok ond.	Type of NON	PRIORITY unsecured	l claim:			
	btor 2 only		☐ Student lo	oans				
☐ Del	btor 1 and Debtor 2	only	•	•	ration a	greeme	nt or divorce	e that you did not report as
☐ At I	east one of the deb	tors and another	priority cla	aims pension or profit-sharin	g plans.	and otl	her similar d	lebts
☐ Ch	eck if this claim is	for a community debt		ecify Credit Card	01	,		
Is the	claim subject to of	fset?						
₫ No								
☐ Yes	5							
4.19 Credi	t One Bank Na		Last 4 digits	of account number	9	3 0	5	\$1,200.00
	ority Creditor's Name				<u> </u>	<u> </u>	- <u> </u>	41,200.00
•	ox 98872		When was th	ne debt incurred?		Jnknov	<u>wn</u>	
Numbe								
			As of the da	te you file, the claim is	s: Chec	k all tha	at apply.	
Las V	/egas, NV 89193-	8872	☐ Continger	nt				
City	•		Code Unliquida	ted				
Who in	ncurred the debt?	Charle and	☐ Disputed					
	btor 1 only	oneck one.	Type of NON	PRIORITY unsecured	l claim:			
	btor 2 only		☐ Student lo	oans				
	btor 1 and Debtor 2	only	•	•	ration a	greeme	nt or divorce	e that you did not report as
🔲 At I	east one of the deb	tors and another	priority cla	aims bension or profit-sharin	a plans.	and ot	her similar d	lebts
☐ Ch	eck if this claim is	for a community debt		ecify Credit Card	J	,		
Is the	claim subject to of	fset?	·					
√ No	-							
Yes	5							

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Debtor	1	Steven	David	Sal	way	Case r	number (if knowi	າ)		
Debtor	2	Jessica	Lynn	Sal	way						
		First Name	Middle Name		Name						
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims –	Continuation	Page					
After	listing a	any entries on thi	is page, number them b	eginning	with 4.4, follov	wed by 4.5, and so	forth.			Total	claim
4.20	Credit	One Bank Na			Last 4 digits c	of account number	r 0	1	2 2	unk	nown
	Nonprior	rity Creditor's Nam	е								
	Po Bo	x 98872			When was the	e debt incurred?		Unkn	own	_	
	Number	Street									
					As of the date	e you file, the clain	n is: Che	eck all	that app	oly.	
	1 1/-	NIV 00400	0070		☐ Contingent	t					
		egas, NV 89193		20-1-	Unliquidate	ed					
	City	51	tate ZII	P Code	Disputed						
	Who inc	curred the debt?	Check one.		- ()						
	☑ Debi	tor 1 only				PRIORITY unsecur	ed clain	1:			
	☐ Debt	tor 2 only			Student loa						
	☐ Debt	tor 1 and Debtor 2	? only		Obligations priority clair	•	paration	agree	ment or	divorce that you did not repor	t as
	At least one of the debtors and another				. ,	ıms ension or profit-sha	ring plan	s and	other si	imilar debts	
	☐ Check if this claim is for a community debt					ecify Credit Card	.	o, aa	00.		
	Is the cl	laim subject to of	ffset?			,					
	✓ No	iaiiii oabjoot to o.									
	Yes										
	— 163										
4.21	Cws/c	w Nexus			Last 4 digits of	of account number	r <u>8</u>	7	6 2	\$2,1	39.00
	Nonprior	rity Creditor's Nam	е		140 41	1144		- 14 16			
	Po Bo	x 9201			when was the	e debt incurred?		3/1/2	:022	_	
	Number	Street									
					As of the date	e you file, the clain	n is: Che	eck all	that app	oly.	
	Old Da	throne NV 110	904		Contingent	t					
	City	ethpage, NY 118		Code	Unliquidate	ed					
	City	51	iate Zii	Code	Disputed						
	Who inc	curred the debt?	Check one.		T (NONE	DIODITY					
	☑ Deb	tor 1 only				PRIORITY unsecur	ea ciain	1:			
	☐ Deb	tor 2 only			Student loa						_
	Debt	tor 1 and Debtor 2	? only		Dbligations priority clair		paration	agree	ment or	divorce that you did not repor	t as
	☐ At le	east one of the deb	otors and another			ension or profit-sha	ring plan	s. and	other si	imilar debts	
	☐ Che	ck if this claim is	for a community debt			ecify CreditCard	01	,			
	Is the cl	laim subject to of	ffset?								
	√ No	-									
	Yes										

Deptor 1	Steven	David	Salway	Case nui	mber (if known)	
Debtor 2	Jessica	Lynn	Salway			
	First Name	Middle Name	Last Name			
Part 2:	Yawa MONDO	ODITY Unaccount C	laima Cantinuatia	. Dawa		
Part 2:	Tour NONPRI	ORITY Unsecured C	iaims — Continuatioi	1 Page		
After listing	any entries on the	is page, number them b	eginning with 4.4, follo	wed by 4.5, and so fo	orth.	Total claim
4.22 Disco	ver Financial		Last 4 digits	of account number	5 9 0 1	\$5,371.00
Nonprio	ority Creditor's Nam	е	M/h an waa th	e debt incurred?		
Attn:	Bankruptcy		when was th	e debt incurred?	8/1/2022	
РО В	ox 3025					
Numbe	er Street			•	s: Check all that apply.	
New A	Albany, OH 4305	54	☐ Continger			
City	S	tate ZII	Code Unliquidat	ea		
Who in	ncurred the debt?	Check one	☐ Disputed			
	btor 1 only		Type of NON	PRIORITY unsecured	l claim:	
	otor 2 only		☐ Student Id			
☐ Del	btor 1 and Debtor 2	? only	☐ Obligation priority cla	• .	ration agreement or divorce that	you did not report as
☐ At I	east one of the deb	otors and another	,		g plans, and other similar debts	
☐ Che	eck if this claim is	for a community debt	· · · · · · · · · · · · · · · · · · ·	ecify CreditCard	,	
Is the o	claim subject to o	ffset?				
₫ No	•					
☐ Yes	3					
4.23 Disco	over Financial		l aet 4 dinite	of account number	0 0 5 7	unknown
	ority Creditor's Nam	e			<u> </u>	dikilowii
•	ox 30939		When was th	e debt incurred?	Unknown	
Numbe						
			As of the dat	e you file, the claim i	s: Check all that apply.	
Salt I	ake Cty, UT 841	30-0939	☐ Continger	nt		
City	•		Code Unliquida	ed		
,	كفطماء مطفاه مستنم		☐ Disputed			
	ncurred the debt?	Check one.	Type of NON	PRIORITY unsecured	l claim:	
	otor 1 only otor 2 only		☐ Student lo	ans		
	btor 2 only btor 1 and Debtor 2	? only	9	• .	ration agreement or divorce that	you did not report as
	east one of the deb	•	priority cla		a plane, and other similar debte	
		for a community debt		ecify Credit Card	g plans, and other similar debts	
la tha a	alaim cubiaat ta a	ffcot?	G Other. Op	Cleuit Card		
Is the d ☑ No	claim subject to o	11261 :				
MU NO	•					

Debto	r 1	Steven	David	Salway	Case nui	mber (i	f known)						
Debto	r 2	Jessica	Lynn	Salway									
		First Name	Middle Name	Last Name									
Pa	rt 2:	Your NONPRIC	DRITY Unsecured C	aims — Continuation	Page								
After	listing a	any entries on this	s page, number them b	eginning with 4.4, follo	wed by 4.5, and so fo	orth.			Total claim				
4.24		ency Health		Last 4 digits	of account number	4	9 0	3	\$357.50				
	Nonprior	rity Creditor's Name	9	When was the	a dobt incurred?		4410410	2022					
	Po Bo	x 207529			When was the debt incurred? 11/04/2023								
	Number	Street											
					e you file, the claim i	s: Che	ck all th	at apply.					
	Dallas	, TX 75320-7529)	•	☐ Contingent								
	City	St	ate ZIF	Code .	☐ Unliquidated☐ Disputed								
	Who inc	curred the debt?	Check one.	□ Disputed	☐ Disputed								
	☐ Deb	tor 1 only		Type of NONF	Type of NONPRIORITY unsecured claim:								
	✓ Deb	tor 2 only		=	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as								
		tor 1 and Debtor 2	•	Obligation: priority cla	• .	ıration	agreem	ent or dive	orce that you did not report as				
		ast one of the deb			ension or profit-sharin	g plan	s, and o	ther simila	ar debts				
	☐ Che	ck if this claim is	for a community debt	☑ Other. Spe	ecify Medical Bill								
	Is the c	aim subject to of	fset?										
	☑ No												
	☐ Yes												
4.25	Goldm	nan Sachs Bank	USA	Last 4 digits	of account number	8	8 2	2 6	\$3,874.00				
	Nonprior	rity Creditor's Name	Э	W//	- 4-1-4 : 10								
	РО Во	x 45400		when was the	e debt incurred?		8/1/20)21					
	Number	Street											
					e you file, the claim i	s: Che	ck all th	at apply.					
	Salt La	ake City, UT 841	45-0400	Contingen									
	City	St	ate ZIF	Code Unliquidate	ed								
	Who inc	curred the debt?	Check one.	☐ Disputed									
	_	tor 1 only		Type of NONF	PRIORITY unsecured	l claim	:						
		tor 2 only		☐ Student lo									
	_	tor 1 and Debtor 2	,	Obligation: priority cla		ration	agreem	ent or dive	orce that you did not report as				
		ast one of the deb		1 - 7	ension or profit-sharin	g plan	s, and o	ther simila	ar debts				
	☐ Che	ck if this claim is	for a community debt	☑ Other. Spe	ecify CreditCard								
	Is the c	aim subject to of	fset?										
	☑ No												
	☐ Yes												

Deptoi	r 1	Steven	David	Sa	lway	Case n	umber	(if known) _		
Debto	r 2	Jessica	Lynn	Sal	lway					
		First Name	Middle Name	Last	Name					
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims –	Continuation	n Page				
After	listing a	any entries on th	is page, number them b	eginning	g with 4.4, follo	owed by 4.5, and so	forth.			Total claim
4.26	Goldn	nan Sachs Ban	k USA		Last 4 digits	of account number	2	4 0	7	\$2,565.00
		rity Creditor's Nam			Lust 4 digits	or account maniper			· '	Ψ2,303.00
		x 45400	.•		When was th	ne debt incurred?		9/1/202	21	
	Number									
		0001			As of the dat	te you file, the claim	is: Ch	neck all tha	it apply.	
	Salt I	aka City IIT 94	1.45 0.400		☐ Continger					
	City	ake City, UT 84		P Code	Unliquida	ted				
	•			Code	Disputed					
		curred the debt?	Check one.		Type of NON	IPRIORITY unsecure	ed clair	m·		
		tor 1 only			☐ Student lo		ou oluli			
		tor 2 only) anh				paration	n agreeme	nt or divorc	e that you did not report as
		tor 1 and Debtor 2 east one of the deb	•		priority cla	aims		-		
			s for a community debt			pension or profit-shar pecify CreditCard	ing pla	ns, and otl	ner similar o	debts
	✓ No ☐ Yes									
4.27	Hillcre	est HealthCare	Svstem		Last 4 digits	of account number	0	0 0	7	\$2,232.19
		rity Creditor's Nam	•		•		_			
	10502	N 110th East A	ve		When was th	ne debt incurred?		11/04/20	123	
	Number	Street								
					As of the dat	te you file, the claim	is: Ch	neck all tha	t apply.	
	Owass	so, OK 74055-6	655		Continger					
	City			P Code	Unliquida	ted				
	Who in	curred the debt?	Check one		☐ Disputed					
	_	tor 1 only	Official official		Type of NON	IPRIORITY unsecure	ed clai	m:		
		tor 2 only			☐ Student lo	oans				
		tor 1 and Debtor 2	2 only				paration	n agreeme	nt or divorc	e that you did not report as
	☐ At le	ast one of the del	otors and another		priority cla	aıms pension or profit-shar	ing pla	ns and otl	ner similar (dehts
	☐ Che	ck if this claim is	s for a community debt			ecify Medical Bill		no, and on	ioi oiiinidi c	200.0
	Is the c	laim subject to o	ffset?		-r	, <u> =</u>				
	✓ No									
	Yes									

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Depto	r 1	Steven	David	Sa	lway	Case r	number	(if known) _		
Debto	r 2	Jessica	Lynn	Sa	lway					
		First Name	Middle Name	Las	t Name					
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims –	- Continuation	n Page				
After	listing a	any entries on thi	is page, number them b	eginnin	g with 4.4, follo	wed by 4.5, and so	forth.			Total claim
4.28	Interna	al Revenue Serv	vice		Last 4 digits	of account number	. 6	1 8	0	\$10,048.29
		ity Creditor's Name			Lust 4 digits	or account maniper		<u> </u>		φ10,040.23
	Po Bo	•	•		When was th	e debt incurred?		2013		
	Number									
		0001			As of the date	e you file, the claim	ı is: Che	eck all tha	t apply.	
	Dhilad	alphia BA 1010	14 7246		☐ Contingen	nt				
	City	elphia, PA 1910		Code	Unliquidat	ed				
	,			Code	Disputed					
	_	curred the debt?	Check one.		Type of NON	PRIORITY unsecure	ed clain	١٠		
		tor 1 only			☐ Student lo		ou olulli	••		
		tor 2 only tor 1 and Debtor 2	only				paration	agreeme	nt or divorc	e that you did not report as
		ast one of the deb	•		priority cla	nims				
			for a community debt			ension or profit-sharecify Taxes	ring plan	s, and oth	ner similar d	lebts
	✓ No ☐ Yes									
4.29	Interna	al Revenue Ser	vice		Last 4 digits	of account number	. 6	1 8	0	\$3,386.67
	Nonprior	ity Creditor's Name	e						· ——	
	Ро Во	x 7346			When was the	e debt incurred?		2014		
	Number	Street								
					As of the date	e you file, the claim	n is: Che	eck all tha	t apply.	
	Philad	elphia, PA 1910	1-7346		☐ Contingen					
	City	St	ate ZIF	Code	Unliquidat	ed				
	Who inc	curred the debt?	Check one		☐ Disputed					
	_	tor 1 only	onour ono.		Type of NON	PRIORITY unsecure	ed clain	1:		
		tor 2 only			Student lo					
	☑ Debt	tor 1 and Debtor 2	only		Obligation priority cla	• .	paration	agreeme	nt or divorce	e that you did not report as
	_	ast one of the deb			_ ' '	ums ension or profit-shar	ring plan	s, and oth	ner similar d	lebts
	☐ Che	ck if this claim is	for a community debt		☑ Other. Spe	ecify Taxes	٥.			
	Is the cl	aim subject to of	fset?							
	√ No	-								
	☐ Yes									

Deptor 1	Steven	David	Salwa	Case nu	umber (if known)	
Debtor 2	Jessica	Lynn	Salwa			
	First Name	Middle Name	Last Nar	ne		
Part 2:	Yaur NONDRIA	ORITY Unsecured C		dinundian Bana		
Part 2:	TOUR NONPRIN	JRITT Unsecured C	iaims – co	tinuation Page		
After listin	ng any entries on this	s page, number them b	eginning wi	h 4.4, followed by 4.5, and so	forth.	Total claim
4.30 Inte	ernal Revenue Serv	/ice	La	st 4 digits of account number	6 1 8 0	\$5,537.56
Nonp	oriority Creditor's Name	9		an was the debt incomed?		
Pol	Box 7346		VV	en was the debt incurred?	2015	
Num	ber Street					
				of the date you file, the claim	is: Check all that apply.	
Phil	ladelphia, PA 1910	1-7346		Contingent		
City	St	ate ZII	o Code	Unliquidated Disputed		
Who	incurred the debt?	Check one		Disputed		
_	Debtor 1 only		Ту	oe of NONPRIORITY unsecure	ed claim:	
	Debtor 2 only			Student loans		
1	Debtor 1 and Debtor 2	only		Obligations arising out of a sep priority claims	paration agreement or divorce that	you did not report as
☐ A	At least one of the deb	tors and another		1 - 3	ing plans, and other similar debts	
	Check if this claim is	for a community debt		Other. Specify Taxes	3 1 1 1 1 1 1 1 1 1	
Is the	e claim subject to of	fset?				
₫ №	lo .					
□ Y	es es					
4.31 Inte	ernal Revenue Serv	/ice	La	st 4 digits of account number	6 1 8 0	\$3,000.00
	priority Creditor's Name			•	 _	
Po	Box 7346		W	en was the debt incurred?	2016	
Num	ber Street					
			As	of the date you file, the claim	is: Check all that apply.	
Phil	ladelphia, PA 1910	1-7346		Contingent		
City			- Ciode	Unliquidated		
Who	incurred the debt?	Shook one		Disputed		
_	Debtor 1 only	SHECK OHE.	Ту	oe of NONPRIORITY unsecure	ed claim:	
	Debtor 2 only			Student loans		
	Debtor 1 and Debtor 2	only			paration agreement or divorce that	you did not report as
☐ A	At least one of the deb	tors and another		priority claims Debts to pension or profit-shari	ing plans, and other similar debts	
	Check if this claim is	for a community debt		Other. Specify Taxes		
Is the	e claim subject to of	fset?		· · · <u></u>		
₫ N	•					
_ Y						

Debtor 1	Steven	David	Salway	Case nur	mber (ii	f known)							
Debtor 2	Jessica	Lynn	Salway										
	First Name	Middle Name	Last Name										
Part 2	Your NONPRICE	ORITY Unsecured C	laims — Continuation I	Page									
After list	ting any entries on this	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.			Total claim					
4.32 In	ternal Revenue Serv	vice	Last 4 digits of	account number	6	1 8	0	\$2,749.15					
No	npriority Creditor's Name	е											
Po	Box 7346		When was the	debt incurred?		2018	<u> </u>						
Nu	mber Street												
			As of the date	you file, the claim is	s: Che	ck all th	at apply.						
Pł	niladelphia, PA 1910	1-7346	☐ Contingent	· ·									
City			Code .	Unliquidated									
\A/h	o incurred the debt?	Chook one	■ Disputed	☐ Disputed									
	Debtor 1 only	Check one.	Type of NONPF	Type of NONPRIORITY unsecured claim:									
	Debtor 2 only		Student loar	ns									
	Debtor 1 and Debtor 2	only			ration a	agreem	ent or divorce	that you did not report as					
	At least one of the deb		priority claim	ns nsion or profit-sharin	a plane	and o	thar cimilar da	shto					
	Check if this claim is	for a community debt	☐ Debts to per ☐ Other. Spec		g pians	s, and o	iriei sirillai de	edis					
ls f	the claim subject to of	fset?											
	No												
	Yes												
4.33 In													
<u> </u>	ternal Revenue Serv		Last 4 digits of	account number	6	1 8		\$233.12					
	npriority Creditor's Name	е	When was the	debt incurred?		2019)						
	D Box 7346												
Nu	mber Street		As of the date	vou file the eleim i	o. Cho	ak all th	ot onnly						
			Contingent	you file, the claim is	s. Che	CK all till	ат арріу.						
	niladelphia, PA 1910		— Unliquidated	1									
City	y St	ate ZIF	Code Disputed										
Wh	no incurred the debt?	Check one.											
	Debtor 1 only		••	RIORITY unsecured	l claim	:							
	Debtor 2 only		☐ Student loar				. "						
	Debtor 1 and Debtor 2	only	Obligations priority claim		ration a	agreem	ent or divorce	that you did not report as					
	At least one of the deb	tors and another	. ,	nsion or profit-sharing	a plans	s, and of	ther similar de	ebts					
	Check if this claim is	for a community debt	☑ Other. Spec	•	J	,							
ls t	the claim subject to of	fset?											
	No												
	Yes												

Debto	r 1	Steven	David	Salway	Case nu	mber (if known,					
Debto	r 2	Jessica	Lynn	Salway								
		First Name	Middle Name	Last Name								
Pa	rt 2:	Your NONPRIC	DRITY Unsecured C	aims — Continuatio	n Page							
After	r listing a	any entries on this	s page, number them b	eginning with 4.4, follo	owed by 4.5, and so fo	orth.			Total claim			
4.34	Labco	rp		Last 4 digits	of account number	1	3 5	5 9	\$132.19			
		rity Creditor's Name	9			-						
	Ро Во	x 8007		When was th	ne debt incurred?		11/04/2	2023				
	Number	Street										
				As of the da	te you file, the claim i	s: Che	eck all th	nat apply.				
	Burlin	gton, NC 27216	-8007	•	Contingent							
	City	•		Code .	Unliquidated							
	Who in	curred the debt?	Check one	Disputed	☐ Disputed							
	_	tor 1 only		Type of NON	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	_	tor 2 only										
	☐ Deb	tor 1 and Debtor 2	only									
		east one of the deb			pension or profit-sharin	ıg plan	s, and o	other simi	lar debts			
	☐ Che	ck if this claim is	for a community debt		ecify Medical Bill							
	Is the c	laim subject to of	fset?						_			
	₫ No											
	☐ Yes											
4.35	Lvnv I	Funding/Resurg	ent Capital	Last 4 digits	of account number	2	3 9) 1	\$4,201.00			
	Nonprio	rity Creditor's Name	Э	When wee th	ne debt incurred?		0/4/0/					
	Attn: E	Bankruptcy		when was tr	ne dept incurred?	-	9/1/20)23				
	PO Bo	x 10497										
	Number	Street			te you file, the claim i	s: Che	eck all th	nat apply.				
	Green	ville, SC 29603		☐ Continge ☐ Unliquida								
	City	St	ate ZIF	Code Disputed								
	Who in	curred the debt?	Check one.	•								
	☐ Deb	tor 1 only		<u>.</u> .	IPRIORITY unsecured	l clain	1:					
	☑ Deb	tor 2 only		Student le		ration	agraam	ont or div	vorce that you did not report as			
		tor 1 and Debtor 2	,	priority cl	•	iralion	agreen	ieni or an	Torce that you did not report as			
		east one of the deb		_	pension or profit-sharin	• .		other simi	lar debts			
	☐ Cne	CK IT this claim is	for a community debt	☑ Other. Sp	ecify Collection Ag	jency	•		_			
	Is the c	laim subject to of	fset?									
	☑ No											
	Yes											

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Debto	r 1	Steven	David	Salv	way	Case nu	ımber (if know	n)			
Debto	r 2	Jessica	Lynn	Salv	way							
		First Name	Middle Name	Last	Name							
		l										
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims —	Continuation l	Page						
After	listing	any entries on thi	s page, number them b	eginning	with 4.4, follow	ed by 4.5, and so f	orth.			Total c	laim	
4.36	Lvnv I	Funding/Resurg	gent Capital		Last 4 digits of	f account number	0	1	2 2	\$1,8 [.]	19.00	
	Nonprio	rity Creditor's Name	е		When wee the	داد مستند منا عماماد		40/4	2000			
	Attn: I	Bankruptcy			when was the	debt incurred?		12/1/	2023	_		
	РО Во	x 10497										
	Number	Street				you file, the claim	is: Che	eck all	that app	ly.		
	Green	ville, SC 29603			☐ Contingent							
	City		tate ZIF	Code	☐ Unliquidated☐ Disputed☐	d						
	Who in	curred the debt?	Check one		Disputed							
		tor 1 only	Official offici		Type of NONPF	RIORITY unsecured	d clain	n:				
		tor 2 only			☐ Student loar	ns						
		tor 1 and Debtor 2	only		•	• .	aration	agree	ment or	divorce that you did not report	as	
		east one of the deb	,		priority claims Debts to pension or profit-sharing plans, and other similar debts							
	☐ Che	ck if this claim is	for a community debt			cify Collection A			Olliei Si	Illiai debis		
	✓ No ☐ Yes	laim subject to of	iset:									
4.37	Marsh	all County Hos	pital		Last 4 digits of	f account number	0	8	5 3	\$2,9	88.00	
	Nonprio	rity Creditor's Name	е		140 (1							
	Ро Во	x 9200			when was the	debt incurred?		Unkr	nown	_		
	Number	Street										
						you file, the claim	is: Che	eck all	that app	ly.		
	Paduc	ah, KY 42002-9	200		Contingent							
	City	St	tate ZIF	Code	Unliquidated	d						
	Who in	curred the debt?	Check one.		Disputed							
	_	tor 1 only			Type of NONPF	RIORITY unsecured	d clain	n:				
		tor 2 only			☐ Student loar	ns						
		tor 1 and Debtor 2	only		•	• .	aration	agree	ment or	divorce that you did not report	as	
	☐ At le	east one of the deb	otors and another		priority clain	ns nsion or profit-sharir	na nlar	e and	other si	milar dahte		
	☐ Che	ck if this claim is	for a community debt			ify Medical Bill	ig Piai	io, ai iu	JU161 31	Tillal UGDIO		
	Is the c	laim subject to of	ffset?							_		
	√ No	-										
	☐ Yes											

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Debtor 1 Steven David Salway Case number (if known) _ Debtor 2 Jessica Lynn Salway First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 3 9 5 0 Merrick Bank Last 4 digits of account number \$1,750.00 Nonpriority Creditor's Name When was the debt incurred? Unknown Po Box 9201 Number Street As of the date you file, the claim is: Check all that apply. Contingent Old Bethpage, NY 11804-9001 Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ■ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ✓ Other. Specify Credit Card Is the claim subject to offset? **☑** No ☐ Yes 4.39 Merrick Bank Last 4 digits of account number unknown 7 6 2 Nonpriority Creditor's Name When was the debt incurred? Unknown Po Box 9201 Number Street As of the date you file, the claim is: Check all that apply. Contingent Old Bethpage, NY 11804-9001 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ■ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ☐ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ✓ Other. Specify Credit Card Is the claim subject to offset? **☑** No ☐ Yes

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Debtor 1	Steven	David	Salway	Case nur	mber (i	f known)					
Debtor 2	Jessica	Lynn	Salway								
	First Name	Middle Name	Last Name								
				_							
Part 2:	Your NONPRI	ORITY Unsecured C	laims – Continuation I	Page							
After listi	ng any entries on thi	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.			Total claim			
4.40 Mic	dland Credit Mgmt		Last 4 digits of	account number	8	1 4	8	\$4,532.00			
Non	priority Creditor's Nam	е	When was the	deht incurred?		8/1/20	122				
Att	n: Bankruptcy		———	uebt illeurreu :	-	0/1/20	123				
РО	Box 939069				0.1						
Num	nber Street			you file, the claim is	s: Che	ck all th	at apply.				
Sai	n Diego, CA 92193		☐ Contingent☐ Unliquidated	1							
City	St	tate ZII	Code Disputed	1							
Who	incurred the debt?	Check one.									
	Debtor 1 only			RIORITY unsecured	ı cıaım	:					
⊴ 1	Debtor 2 only		☐ Student loar					h = 4			
☐ I	Debtor 1 and Debtor 2	only	•	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 							
	At least one of the deb	otors and another	_ '	nsion or profit-sharing	g plans	s, and o	ther similar deb	ots			
	Check if this claim is	for a community debt	✓ Other. Spec	ify Collection Ag	jency						
ls th	e claim subject to of	ffset?									
⊴ 1	No										
<u> </u>											
4.41 Mic	dland Credit Mamt		l act 4 digits of	account number	1	5 2	5	\$2,156.00			
	priority Creditor's Nam		Last 4 digits of	account number	<u> </u>		<u> 5</u>	φ2,130.00			
	n: Bankruptcy		When was the	debt incurred?		9/1/20	23				
	Box 939069		As of the date	you file, the claim is	s: Che	ck all th	at apply.				
Num			☐ Contingent								
	n Diego, CA 92193		Unliquidated	i							
City	Si	tate ZII	Code Disputed								
Who	incurred the debt?	Check one.	Type of NONPE	RIORITY unsecured	l claim						
_	Debtor 1 only		☐ Student loar		· Claiiii	•					
	Debtor 2 only		=		ration	aareem	ent or divorce t	hat you did not report as			
	Debtor 1 and Debtor 2	•	priority claim			~g. 00111	J OI GIVOIOG U	, ou did not roport do			
_	At least one of the deb			nsion or profit-sharing			ther similar deb	ts			
_	Uneck if this claim is	for a community debt		ify Collection Ag	jency						
ls th	ne claim subject to of	ffset?									
1	No										
	Yes										

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 50 of 108

Debto	r 1	Steven	David	Sa	lway	Case n	number (if known) _				
Debto	r 2	Jessica	Lynn	Sa	lway							
		First Name	Middle Name	Las	t Name							
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims –	- Continuatior	1 Page						
After	r listing a	any entries on thi	is page, number them b	eginnin	g with 4.4, follo	wed by 4.5, and so	forth.			Total clain		
4.42	Navier	nt			Last 4 digits	of account number	. 8	8 1	2	\$15,027		
		ity Creditor's Name	e.		Lust 4 digits (or account number		<u> </u>	. <u>-</u>	ψ13,027.		
	Po Bo	•	•		When was the	e debt incurred?		11/1/20	08			
	Number											
		C C			As of the date	e you file, the claim	is: Che	ck all tha	t apply.			
	Wilkes	Porro DA 1977	72 0500						,			
	City	Barre, PA 1877		Code	Unliquidate	ed						
	,			Salway Last Name aims - Continuation Page eginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number 8 8 1 2 \$15,027.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Code Disputed Type of NONPRIORITY unsecured claim: Sudent loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Code Last 4 digits of account number 0 8 5 3 \$3,752.75 When was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply. Code Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Taxes								
	_	curred the debt?	Check one.		Type of NONE	PRIORITY unsecure	ad claim					
		tor 1 only			7		su ciaiii					
		tor 2 only tor 1 and Debtor 2	only				paration	agreeme	nt or divor	rce that you did not report as		
		ast one of the deb	•		priority cla	ority claims bts to pension or profit-sharing plans, and other similar debts						
			for a community debt			•	ing plan	s, and oth	ner similar	r debts		
	☑ No	aim subject to of	fset?									
	☐ Yes											
4.43	Oklaho	oma Tax Comm	ission		Last 4 digits	of account number	0	8 5	3	\$3,752.7		
	Nonprior	ity Creditor's Name	е		When was the	a debt incurred?		Unknov	wn			
	2501 N	l Lincoln Blvd			Wileii was tiid	e debt illedired:		Olikilov	<u> </u>			
	Number	Street										
						•	is: Che	ck all tha	t apply.			
	Oklaho	oma City, OK 73	3105-4508		J							
	City	St	ate ZIF	Code	•	ea						
	Who inc	curred the debt?	Check one.		■ Disputed							
	☑ Debt	tor 1 only					ed claim	1:				
	☐ Debt	tor 2 only										
	_	tor 1 and Debtor 2	•									
		ast one of the deb			_ ' '		ing plan	s, and oth	ner similar	r debts		
	☐ Che	☐ Check if this claim is for a community debt										
	Is the cl	aim subject to of	fset?									
	√ No											
	☐ Yes											

Debto	r 1	Steven	David	Salway	Case number (if known)
Debto	r 2	Jessica	Lynn	Salway	
		First Name	Middle Name	Last Name	
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	aims — Continuatio	n Page
After	listing a	any entries on thi	s page, number them b	eginning with 4.4, follo	owed by 4.5, and so forth.
4.44	Pathol	logy Laboratory	/ Associates	Last 4 digits	of account number 6 2 7 8 \$52.59
	Nonprior	rity Creditor's Name	е	18 /1 (1	
	Dept 1	050		wnen was tr	ne debt incurred? 11/04/2023
	Number	Street			
				As of the dat	te you file, the claim is: Check all that apply.
	Tulsa.	OK 74182-0001		Continger	
	City			Code Unliquidat	ted
	Who in	curred the debt?	Chook one	☐ Disputed	
	_	tor 1 only	Check one.	Type of NON	PRIORITY unsecured claim:
	_	tor 1 only tor 2 only		☐ Student lo	pans
		tor 1 and Debtor 2	only	Obligation	ns arising out of a separation agreement or divorce that you did not report as
		ast one of the deb	•	priority cla	
	☐ Che	ck if this claim is	for a community debt		pension or profit-sharing plans, and other similar debts pecify Medical Bill
	le the c	laim subject to of	feat?		modical Sill
	✓ No	ann subject to or	13611		
	☐ Yes				
4.45	D			1 4	-f
1.10		lio Recovery As	•	Last 4 digits	of account number 7 4 8 4 \$\\ \begin{array}{c ccccccccccccccccccccccccccccccccccc
	•	rity Creditor's Name	е	When was th	ne debt incurred? 12/1/2023
		x 41067			
	Number	Street		As of the dat	te you file, the claim is: Check all that apply.
				Continger	
		k, VA 23541-000		—— ☐ Unliquidat	
	City	St	ate ZIF	Code Disputed	
	Who inc	curred the debt?	Check one.		
	✓ Deb	tor 1 only		,	PRIORITY unsecured claim:
	☐ Deb	tor 2 only		☐ Student lo	
	_	tor 1 and Debtor 2	•	•	ns arising out of a separation agreement or divorce that you did not report as
	At least one of the debtors and another priority claims Debts to pension or profit-sharing plans, and other similar debts				
	☐ Che	ck if this claim is	for a community debt	✓ Other. Sp	ecify Collection Agency
	Is the c	aim subject to of	fset?		
	√ No				
	☐ Yes				

Debtor 1	Steven	David	Salway	Case num	nber	(if known)					
Debtor 2	Jessica	Lynn	Salway									
	First Name	Middle Name	Last Name									
				_								
Part	Your NONPRI	ORITY Unsecured C	laims — Continuation	Page								
	sting any entries on thi	s page, number them b	peginning with 4.4, follow	ed by 4.5, and so fo	rth.			Total claim				
4.46 F	Portfolio Recovery A	ssociates, LLC	Last 4 digits o	f account number	1	2	9 3	\$694.00				
N	onpriority Creditor's Nam	е	When was the	debt incurred?		1/1/2	024					
_	PO Box 41067					., ., _	<u></u>	-				
N	umber Street		As of the date	you file, the claim is	e. Ch	ock all t	hat annly					
_			Contingent	•	5. OII	CCK all t	ιιαι αρριγ					
_	Norfolk, VA 23541-00		—— ☐ Unliquidate									
C	ity Si	tate ZI	P Code Disputed									
	/ho incurred the debt?	Check one.	Type of NONP	Type of NONPRIORITY unsecured claim:								
	Debtor 1 only Debtor 2 only		☐ Student loa									
	Debtor 1 and Debtor 2	only	•	•	ration	agreer	nent or di	ivorce that you did not report as				
	At least one of the deb	nriority claims	ilor dobto									
	Check if this claim is	for a community debt			· ·		otner sim	iliar debts				
Is	the claim subject to of	ffset?		, <u></u>				_				
	1 No											
	Yes											
4.47	Service Finance Com	pany	Last 4 digits o	Last 4 digits of account number 9 6 6 0 \$7,981								
_	onpriority Creditor's Nam											
	Attn: Bankruptcy		When was the	debt incurred?		1/1/2	022	-				
F	PO Box 2935											
N	umber Street			you file, the claim is	s: Ch	eck all t	hat apply	<i>!</i> .				
_	Gainesville, GA 3050	3	☐ Contingent☐ Unliquidate									
С	ity S	tate ZI	P Code Disputed	u								
W	/ho incurred the debt?	Check one.	•									
V	Debtor 1 only		Type of NONP ☐ Student loa	RIORITY unsecured	clain	n:						
	Debtor 2 only				ration	agreer	nent or di	ivorce that you did not report as				
	Debtor 1 and Debtor 2	•	priority clair		iation	agreer	nent or a	voice that you did not report as				
	At least one of the deb			nsion or profit-sharing	· .			ilar debts				
_	Check if this claim is	ior a community debt	✓ Other. Specentrical Control of the Control o	Payday/Install	lmen	t Loar)	<u>—</u>				
	the claim subject to of	ffset?										
	1 No											
Г	l Yes											

Deptor	1	Steven	David	Salway	Case nu	mber (if known)		
Debtor	2	Jessica	Lynn	Salway					
		First Name	Middle Name	Last Name					
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims — Continuatior	Page				
After	listing a	any entries on thi	s page, number them b	eginning with 4.4, follo	wed by 4.5, and so fo	orth.			Total claim
4.48	Synch	rony Bank		Last 4 digits	of account number	7	2 0	8	unknown
	<u> </u>	rity Creditor's Nam	e				<u> </u>		
	Po Bo	x 71715		When was th	e debt incurred?		Unkno	wn	
	Number	Street							
				As of the dat	e you file, the claim i	is: Che	eck all th	at apply.	
	Philad	elphia, PA 1917	76-1715	☐ Continger	t				
	City	• •		Code Unliquidat	ed				
	Who in	curred the debt?	Chack and	☐ Disputed					
		tor 1 only	Check one.	Type of NON	PRIORITY unsecured	d clain	ո։		
		tor 2 only		☐ Student lo	ans				
		tor 1 and Debtor 2	only	•	•	aration	agreem	ent or divor	ce that you did not report as
	☐ At le	ast one of the deb	tors and another	priority cla	ıms ension or profit-sharin	ng plan	s, and of	her similar	
	☐ Che	ck if this claim is	for a community debt		ecify Credit Card	.g p.a	o, a		402.0
	Is the c	laim subject to of	fset?						
	√ No								
	☐ Yes								
4.49	Synch	rony Bank/HHC	Gregg	Last 4 digits	of account number	1	1 2	6	\$1,730.00
	Nonprio	rity Creditor's Nam	е	1871 41					
	Attn: E	Bankruptcy		when was th	e debt incurred?		12/1/20	121	
	PO Bo	x 965060							
	Number				e you file, the claim i	is: Che	eck all th	at apply.	
	Orland	do, FL 32896-50	60	☐ Continger					
	City	S	tate ZII	Code Unliquidat	ea				
	Who inc	curred the debt?	Check one.	□ Disputed					
	✓ Deb	tor 1 only			PRIORITY unsecured	d claim	1:		
	☐ Deb	tor 2 only		☐ Student lo					
	☐ Deb	tor 1 and Debtor 2	only	Obligation priority cla	•	aration	agreem	ent or divor	ce that you did not report as
		ast one of the deb		Debts to p	ension or profit-sharin	ng plan	s, and o	her similar	debts
	☐ Che	ck if this claim is	for a community debt	✓ Other. Specific Specifi	ecify Credit Card				
	Is the c	aim subject to of	fset?						
	√ No								
	Yes								

Deptor 1	Steven	David	Salway	Case nu	mber (if known)							
Debtor 2	Jessica	Lynn	Salway									
	First Name	Middle Name	Last Name									
			As of the date you file, the claim is: Check all that apply. ZIP Code									
Part	2+ Your NONPRIC	ORITY Unsecured C	laims — Continuation	Page								
After lis	sting any entries on this	s page, number them b	eginning with 4.4, follow	ved by 4.5, and so f	orth.	Total claim						
4.50 S	Synchrony Bank/HHG	ireaa	Last 4 digits of	of account number	1 3 3 7	\$1.103.00						
_	onpriority Creditor's Name					<u> </u>						
Α	Attn: Bankruptcy		When was the	debt incurred?	12/1/2021							
_ P	O Box 965060											
-	umber Street		As of the date	you file, the claim	is: Check all that apply.							
C	orlando, FL 32896-50	60	•									
Ci	· · · · · · · · · · · · · · · · · · ·		Code .	ed								
14/	Una imagement that dalets (Charle and	☐ Disputed									
	ho incurred the debt? (Debtor 1 only	oneck one.	Type of NONP	RIORITY unsecured	d claim:							
	Debtor 1 only		☐ Student loa	ins								
	Debtor 1 and Debtor 2	only	•		aration agreement or divorce that	t you did not report as						
	At least one of the deb	•			ng plans, and other similar debts							
	Check if this claim is	for a community debt		•	ig plans, and other similar debts							
ls	the claim subject to of	fset?			_							
	No											
	Yes											
4.51	Ilta Mastercard		Last 4 digits o	Last 4 digits of account number 1 7 1 0 \$4,079.00								
	onpriority Creditor's Name			i account number	1 7 1 0	\$4,079.00						
	onphonty oreanors reame	-	When was the	debt incurred?	2021							
_	umber Street											
	anibor Guodi		As of the date	you file, the claim	is: Check all that apply.							
_	Columbus, OH 43218-	2002	☐ Contingent									
Ci	•		Code Unliquidate	d								
	•		☐ Disputed									
	ho incurred the debt?	Check one.	Type of NONP	RIORITY unsecured	d claim:							
	Debtor 1 only Debtor 2 only		☐ Student loa									
	Debtor 2 only Debtor 1 and Debtor 2	only	☐ Obligations	arising out of a sepa	aration agreement or divorce that	t you did not report as						
	At least one of the deb	,	priority clair									
		for a community debt		ension or profit-sharir cify Credit Card	ng plans, and other similar debts							
			Other. Spe	Cily Credit Card								
	the claim subject to of	rset?										
_	No No											
_	Yes											

Deptor 1	Steven	David	Salwa	Case nu	mber (if known)	
Debtor 2	Jessica	Lynn	Salwa	ny		
	First Name	Middle Name	Last Na	me		
Dowt 2	Your MONDRIA	DITY II	C.	utimustian Bana		
Part 2:	Tour NONPRIC	ORITY Unsecured C	aims – Co	ontinuation Page		
After listin	ng any entries on this	s page, number them b	eginning w	ith 4.4, followed by 4.5, and so f	orth.	Total claim
4.52 Ulta	Mastercard		L	ast 4 digits of account number	9 0 2 5	unknown
Nonp	oriority Creditor's Name)		(la an viva a tha daht in avivo da		
Pol	Box 183003			men was the debt incurred?	Unknown	
Numl	ber Street					
					is: Check all that apply.	
Col	umbus, OH 43218-	3003		3		
City	Sta	ate ZIF	ZIP Code ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card			
Who	incurred the debt?	Check one.	_	Disputed		
_	Debtor 1 only		T	ype of NONPRIORITY unsecured	d claim:	
	Debtor 2 only		_			
1	Debtor 1 and Debtor 2	only	L		aration agreement or divorce that yo	ou did not report as
☐ A	at least one of the debt	ors and another	☐ Debts to pension or profit-sharing plans, and other similar debts			
☐ C	check if this claim is	for a community debt			,	
Is the	e claim subject to off	set?				
₫ N	lo					
☐ Y	'es					
4.53 Utic	a Park		L	ast 4 digits of account number	3 1 6 8	\$423.93
Nonp	priority Creditor's Name)				<u> </u>
105	02 N 110th East Av	re	W	/hen was the debt incurred?	11/04/2023	
Numl	ber Street					
			A	s of the date you file, the claim	is: Check all that apply.	
Owa	asso, OK 74055-66	55		Contingent		
City	Sta	ate ZIF	Code	Unliquidated		
Who	incurred the debt?	Sheck one	_	Disputed		
_	Debtor 1 only	one one.	T	ype of NONPRIORITY unsecured	d claim:	
	Debtor 2 only			Student loans		
1	Debtor 1 and Debtor 2	only			aration agreement or divorce that yo	ou did not report as
☐ A	at least one of the debt	ors and another		priority claims Debts to pension or profit-sharir	ng plans, and other similar debts	
	check if this claim is	for a community debt		Other. Specify Medical Bill	· ,	
Is the	e claim subject to off	set?				
₫ N	•					
□ Y	'es					

Deptor 1	Steven	David	Salway	Case number (if known)						
Debtor 2	Jessica	Lynn	Salway							
	First Name	Middle Name	Last Name							
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Contir	uation Page						
After listing	any entries on thi	s page, number them b	eginning with 4	4, followed by 4.5, and so forth.						
4.54 Litica	Park Clinic		l act /	digits of account number 1 6 0 8 \$213,41						
Olica	ority Creditor's Name	2		digits of account number 1 6 0 8 \$213.41						
Dept	•		When	was the debt incurred? 11/04/2023						
Numbe										
rambo	0.1000		As of	he date you file, the claim is: Check all that apply.						
Tules	OK 74402 0004		🗆 Co	ntingent						
City	OK 74182-0001 د.		Code Un	iquidated						
City	Si	ale Zir	Dis	puted						
Who in	ncurred the debt?	Check one.	Type	f NONPRIORITY unsecured claim:						
_	btor 1 only			dent loans						
	btor 2 only	a m li v		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 						
	btor 1 and Debtor 2 least one of the deb	•	pri							
= '		for a community debt	_	ots to pension or profit-sharing plans, and other similar debts er. Specify Medical Bill						
☑ No ☐ Yes										
4.55 Veloc	city Investment		Last 4	digits of account number 6 1 5 4 \$20,567.00						
Nonprio	ority Creditor's Name	Э								
Ро Во	ox 788		When	was the debt incurred? 2022						
Numbe	er Street									
				he date you file, the claim is: Check all that apply.						
Belma	ar, NJ 07719-078	8		ntingent						
City	St	ate ZIF	Code Un	iquidated						
Who in	ncurred the debt? (Check one	u Dis	Juled						
_	btor 1 only		Type o	f NONPRIORITY unsecured claim:						
	btor 2 only		☐ Stu	dent loans						
	btor 1 and Debtor 2	only		igations arising out of a separation agreement or divorce that you did not report as						
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt			priority claims Debts to pension or profit-sharing plans, and other similar debts						
☐ Che				er. Specify Collection Agency						
Is the o	claim subject to of	fset?								
☑ No	•									
☐ Yes	3									

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Debtor 1	Steven	David	Salw	<i>r</i> ay	Case n	number (if known)				
Debtor 2	Jessica	Lynn	Salw	<i>ı</i> ay						
	First Name	Middle Name	Last N	lame						
Part 2:	Your NONPRI	ORITY Unsecured C	laims — C	ontinuation P	age					
After listing	any entries on thi	s page, number them b	eginning v	with 4.4, followe	ed by 4.5, and so	forth.	Total claim			
4.56 Veriz	on Wireless		Last 4 digits of account number 0 0 1							
•	iority Creditor's Name Box 105	е		When was the o	debt incurred?	6/1/2022				
Numbe	er Street			As of the date y	ou file, the claim	n is: Check all that apply.				
Atlar	nta, GA 30348-00	00		☐ Contingent						
City	St	ate ZIF	P Code	UnliquidatedDisputed						
☑ De □ De □ At	ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 least one of the deb	only tors and another		Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts						
ls the ☑ No	claim subject to of	for a community debt		☑ Other. Speci	fy Utility Bill					
☐ Ye	5									

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Deb	tor 1	Steven	David	Sa	lway c	Case number (if known)
Deb	tor 2	Jessica	Lynn	Sa	lway	
		First Name	Middle I	Name Las	t Name	
E	Part 3:	List Others to	Be Notifie	d About a Debt	That You Already Listed	
5.	collection agency he	agency is trying ere. Similarly, if y	g to collect fro ou have mor	om you for a debt e than one credito	you owe to someone else, lis	that you already listed in Parts 1 or 2. For example, if a st the original creditor in Parts 1 or 2, then list the collection on listed in Parts 1 or 2, list the additional creditors here. If fill out or submit this page.
1.	Merrick	Bank			On which entry in Part 1 or	r Part 2 did you list the original creditor?
	Name				Line 4.21 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
		Jordan Gtwy			. Line or (Check one).	☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account nu	ımber
	Courth I	anden IIT 0400	E 2020		•	
	City	ordan, UT 8409	3-3926 State	ZIP Code	•	
2.	•	Smithfield		0000	On which ontry in Part 1 o	r Part 2 did you list the original creditor?
	Name	Simumeia			•	· ·
	РО Вох	660397			Line 4.21 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street				•
					Last 4 digits of account nu	Imber
		X 75266-0000				
_	City		State	ZIP Code		
3.	Citi				On which entry in Part 1 or	r Part 2 did you list the original creditor?
	Name	700040			Line 4.35 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
	Po Box Number	Street			•	☑ Part 2: Creditors with Nonpriority Unsecured Claims
		0001			Last 4 digits of account nu	ımber
	Saint Lo	uis, MO 63179-	0040			
	City		State	ZIP Code	•	
4.	Comenit	y Bank Mauric	es		On which entry in Part 1 or	r Part 2 did you list the original creditor?
	Name				Line 4.41 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
	Po Box	_				☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account nu	ımber
	Columbi	us, OH 43218-2	273			
	City	uo, 011 40210 2	State	ZIP Code	•	
5.	Linebard	ger Goggan Bla	air & Samps	on. LLP	On which entry in Part 1 or	r Part 2 did you list the original creditor?
	Name			,	Line 4.43 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
	Po Box	950391			Line of (Cneck one):	☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account nu	ımber
		01/ 01/ =04				
	City	na City, OK 731	95-0391 State	ZIP Code	•	
6.		orvices Inc		••••	On which entry in Bort 4 or	r Part 2 did you list the original creditor?
	Name	ervices, Inc				_
		rry Truman Blv	d		Line 4.50 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			l act 4 digita of account	, ,
					Last 4 digits of account nu	ıllıbei
		arles, MO 6330				
	City		State	ZIP Code		

Debtor 1 Debtor 2

Steven	David	Salway	Case number (if known)
Jessica	Lynn	Salway	
First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the ar	mount	s for each type of unsecured claim.			
					Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.		\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00
	6e.	Total. Add lines 6a through 6d.	6e.		\$0.00
					Total claim
Total claims from Part 2	6f.	Student loans	6f.		\$171,246.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.		\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+	\$137,290.54
	6j.	Total. Add lines 6f through 6i.	6j.		\$308,536.54

Fill in this informatio	n to identify your case				
Debtor 1	Steven	David	Salway		
	First Name	Middle Name	Last Name	_	
Debtor 2	Jessica	Lynn	Salway		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	Nort	hern District of O	klahoma	
Case number (if known)					Check if this amended fil

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with who	om you ha	ve the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

	tillo lillori	mation to identity yo	our case.			
Debt	tor 1	Steven	David	Salway		
		First Name	Middle Name	Last Name		
Debt		Jessica	Lynn	Salway	_	
(Spo	use, if filing	First Name	Middle Name	Last Name	_	
Unite	ed States	Bankruptcy Court f	or the: North	nern District of	Oklahoma	
		. ,				
(if kn	e number own)	-				Check if this is an
						amended filing
Offic	ial For	m 106H				
Sch	hedi	ıle H. Yo	ur Codebto	nrs		12/15
						urate as possible. If two married people are
filing t the en	ogether, tries in th ı). Answe	both are equally r ne boxes on the le er every question.	esponsible for supplyi ft. Attach the Additiona	ng correct information. If r	nore space is needed, co e top of any Additional F	opy the Additional Page, fill it out, and number Pages, write your name and case number (if
1.	□ No ☑ Yes	nave any codebto	rs ? (If you are filling a joi	nt case, do not list eitner spi	buse as a codebtor.)	
2.	California No. 0 Yes.	a, Idaho, Louisiana Go to line 3. Did your spouse, fo	, Nevada, New Mexico, l	Puerto Rico, Texas, Washing	gton, and Wisconsin.) time?	erty states and territories include Arizona, name and current address of that person.
	Ī	Name of your spous	se, former spouse, or leg	gal equivalent		
	1	Number	Street		•	
	(City	State	ZIP Code		
3.	2 again	as a codebtor only	y if that person is a gua	arantor or cosigner. Make	sure you have listed the	filing with you. List the person shown in line creditor on <i>Schedule D</i> (Official Form 106D), to E/F, or <i>Schedule G</i> to fill out Column 2.
	Column	1: Your codebtor			Column 2: TI	he creditor to whom you owe the debt
					Check all sch	nedules that apply:
3.1	D\/:II-	Nortalitica IIO				,
	Name	Nutrition, LLC			Schedule	e D, line
		Madison Blvd			√ Schedule	E/F, line
	Number	vidaison Biva	Street			
		sville, OK 74006			☐ Schedule	e G, line
	City	.,	State	2	ZIP Code	
3.2						
	Name				☐ Schedule	e D, line
					Schedule	e E/F, line
	Number		Street			

Official Form 106H Schedule H: Codebtors page 1 of 1

ZIP Code

State

City

☐ Schedule G, line _

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				•
Fill	I in this information to identify you	ır case:		
_	obten 4 Ctoven	Dovid	Calvini	
D	ebtor 1 Steven First Name		Salway ast Name	
D	ebtor 2 Jessica		Salway	
	Spouse, if filing) First Name		ast Name	Check if this is:
	nited States Bankruptcy Court fo	r the: Northern	n District of Oklahoma	☐ An amended filing
	, ,		- District of Orlianoma	A supplement showing postpetition
_	ase number fknown)			chapter 13 income as of the following date
				MM / DD / YYYY
\frown f	ficial Form 1061			
<u>UI</u>	ficial Form 106I			
<u>Sc</u>	<u>chedule I: Your I</u>	ncome		12/15
				or 2), both are equally responsible for supplying correct
				nation about your spouse. If you are separated and your attach a separate sheet to this form. On the top of any
	itional pages, write your name a			
	5 " - '			
Ра	rt 1: Describe Employmen	T		
1.	Fill in your employment			
	information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	☐ Employed ☑ Not Employed	☑ Employed ☐ Not Employed
	attach a separate page with	2proyom otatao	— Employed — Not Employed	— Employed — Not Employed
	information about additional employers.	Occupation	Self-employed	Case Manager
	Include part time, seasonal, or	Employer's name		Department of Human Services
	self-employed work.	Employer's address		
	Occupation may include studen	• •	Number Street	Po Box 248893 Number Street
	or homemaker, if it applies.			
				Oklahoma City, OK 73124-8893
				Code City State Zip Code
		How long employed the	re?	<u>1 year</u>
Pa	art 2: Give Details About M	lonthly Income		
	Estimate monthly income as o	f the date you file this form.	If you have nothing to report for any lin	e, write \$0 in the space. Include your non-filing spouse
	unless you are separated.	·	, , ,	
	If you or your non-filing spouse more space, attach a separate		er, combine the information for all empl	oyers for that person on the lines below. If you need
	more space, attacir a separate	sneet to this form.	For Doh	tor 1 For Dobtor 2 or
			For Deb	tor 1 For Debtor 2 or non-filing spouse
2	List monthly gross wages, sala	ary and commissions /hofor	e all navroll	
۷.	deductions.) If not paid monthly			5.94 \$4,945.73
3.	Estimate and list monthly over	time pay.	3. + \$	0.00 + \$0.00
			· · · <u> </u>	<u> </u>

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

\$2,835.94

\$4,945.73

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Debtor 1 Steven David Salway
Debtor 2 Jessica Lynn Salway
First Name Middle Name Last Name

Case number (if known) _______

	First Name Middle Name Last Name				
			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$2,835.94	\$4,945.73	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$344.20	\$464.75	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$121.61	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.15	\$1,573.29	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+ \$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$344.35	\$2,159.65	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,491.59	\$2,786.08	
8.	List all other income regularly received:	• •			
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h.	+ \$0.00	+\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,491.59	+ \$2,786.08 =	\$5,277.67
11.	State all other regular contributions to the expenses that you list in Sched	dule J.			
	Include contributions from an unmarried partner, members of your househol friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a			·	
		5 /101 41	mazic to pay expenses		# 0.00
1.5	Specify:			11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics		•		\$5,277.67
				Combi	
					y income
13.	Do you expect an increase or decrease within the year after you file this fo	orm?			
	☑No.				
	Yes. Explain:				

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				, c. (c. (c. , c. , c. , c.)
Fill in this informati	on to identify your cas	e:		
Debtor 1 Debtor 2	Steven First Name Jessica	David Middle Name Lynn	Salway Last Name Salway	Check if this is:
(Spouse, if filing)	First Name	Middle Name	Last Name thern District of Oklahoma	A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY
Official For				
Schedule	J: Your Ex	penses		12/15
Be as complete and	d accurate as possible	e. If two married pe	ople are filing together, both are	equally responsible for supplying correct information. If more

space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household	t d			
1. Is this a joint case?				
□ No. Go to line 2. ☑ Yes. Does Debtor 2 live in a sep ological No □ Yes. Debtor 2 must file	arate household? Official Form 106J-2, Expenses for	r Separate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and Debtor 2.	□ No ☑ Yes. Fill out this information	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's	Does dependent live with you?
Do not state the dependents' names.	for each dependent	Child Child	<u>12</u>	No. ✓ Yes.
				No. Yes.
				No. Yes.
				No. Yes.
				- No. Yes.
Do your expenses include expenses of people other than yourself and your dependents?	☑ No □ _{Yes}			
Part 2: Estimate Your Ongoing N	Monthly Expenses			
Estimate your expenses as of your bar date after the bankruptcy is filed. If this				
Include expenses paid for with non-cas such assistance and have included it o			You	ur expenses
The rental or home ownership experior the ground or lot.	enses for your residence. Include f	first mortgage payments and any rent	4	\$576.81
If not included in line 4:				
4a. Real estate taxes			4a	\$0.00
4b. Property, homeowner's, or rente	er's insurance		4b	\$0.00
4c. Home maintenance, repair, and	l upkeep expenses		4c	\$150.00
4d. Homeowner's association or co	ndominium dues		4d	\$0.00

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Debtor 1 Steven David Salway
Debtor 2 Jessica Lynn Salway
First Name Middle Name Last Name

Case number (if known) _______

	First Name Middle Name Last Name		
			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$245.00
	6b. Water, sewer, garbage collection	6b.	\$135.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$120.00
	6d. Other. Specify: Home Security	6d.	\$65.00
7 .	Food and housekeeping supplies	7.	\$977.00
3.	Childcare and children's education costs	8.	\$0.00
9.	Clothing, laundry, and dry cleaning	9.	\$200.00
10.	Personal care products and services	10.	\$175.00
11.	Medical and dental expenses	11.	\$155.00
	Transportation. Include gas, maintenance, bus or train fare.		\$200.00
	Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$150.00
14.	Charitable contributions and religious donations	14.	\$0.00
	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$0.00
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$275.00
	15d. Other insurance. Specify:	15d.	\$0.00
		104.	
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	\$0.00
	· · · · · · · · · · · · · · · · · · ·	16.	Ψ0.00
	Installment or lease payments: 17a. Car payments for Vehicle 1 2019 Suzuki Hayabusa		¢242.00
	17b. Car payments for Vehicle 2 2020 Ford Mustang	17a.	\$243.00 \$725.00
		17b.	
	17c. Other. Specify: 2020 Subaru WRX	17c.	\$750.00
	17d. Other. Specify:	17d.	\$0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

Deb Deb	tor 1 tor 2	Steven Jessica	David Lynn	Salway Salway	Case number (if known) _	
		First Name	Middle Name	Last Name	,	
21.	Other. Spe	cify:			21. +	\$0.00
22.	Calculate y	our monthly exp	enses.			
	22a. Add lir	nes 4 through 21.			22a	\$5,141.81
	22b. Copy	line 22 (monthly e	expenses for Debtor 2), i	f any, from Official Form 106J-2	22b	\$0.00
	22c. Add lir	ne 22a and 22b. T	he result is your monthl	y expenses.	22c	\$5,141.81
23.	Calculate y	our monthly net	income.			
	23a. Copy	line 12 (your com	bined monthly income) f	rom Schedule I.	23a. <u> </u>	\$5,277.67
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b	\$5,141.81
	23c. Subtra	act your monthly e	expenses from your mon	thly income.		
	The re	esult is your <i>mont</i>	hly net income.		23c	<u>\$135.86</u>
24.	Do you exp	pect an increase o	or decrease in your exp	enses within the year after you file th	nis form?	
				car loan within the year or do you exp of a modification to the terms of your		
	☑ No. ☐ Yes.	None				

Fill in this information	Fill in this information to identify your case:					
Debtor 1	Steven	David	Salway			
	First Name	Middle Name	Last Name			
Debtor 2	Jessica	Lynn	Salway			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Nort	hern District of	Oklahoma		
Case number (if known)						

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

art 1: Summarize Your Assets	
	Your assets
	Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	*
1a. Copy line 55, Total real estate, from Schedule A/B	\$80,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$77,004.38
1c. Copy line 63, Total of all property on Schedule A/B	\$157,004.38
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<u>\$115,818.0</u>
. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$308,536.5
Your total liabilities	\$424,354.5
Summarize Your Income and Expenses	•
. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	<u>\$5,277.6</u>
Schedule J: Your Expenses (Official Form 106J)	
. Ochedule 9. Four Expenses (Official Form 1909)	

Debtor 1 Debtor 2	Steven Jessica	David Lynn	Salway Salway	Case n	umber (if known) _	
	First Name	Middle Name	Last Name			
Part 4: Ans	wer These Ques	tions for Administr	ative and Statistical Reco	ords		
-	_	nder Chapters 7, 11, or				
_	have nothing to rep	ort on this part of the fo	orm. Check this box and submit	this form to the court with yo	our other schedule	es.
√ Yes						
	of debt do you have		ner debts are those "incurred by	v an individual primarily for a	personal,	
family, c	or household purpose	e." 11 U.S.C. § 101(8).	Fill out lines 8-9g for statistical p	ourposes. 28 U.S.C. § 159.		
	bts are not primarily not the court with you		I have nothing to report on this	part of the form. Check this I	pox and submit	
8. From the <i>St</i>	atement of Your Cu	rrent Monthly Income:	Copy your total current monthly	income from Official	Г	
		122B Line 11; OR , For			L	\$7,781.67
9. Copy the fo	llowing special cate	gories of claims from	Part 4, line 6 of Schedule E/F:			
				Total claim	1	
From Par	rt 4 on Schedule E/F	c, copy the following:				
9a. Domes	stic support obligatio	ns (Copy line 6a.)			\$0.00	
9b. Taxes	and certain other de	bts you owe the goverr	nment. (Copy line 6b.)		\$0.00	
9c. Claims	for death or person	al injury while you were	intoxicated. (Copy line 6c.)		\$0.00	
9d. Studer	nt loans. (Copy line 6	6f.)		\$	171,246.00	
0o Obligat	ions origing out of a	congration agreement	or divorce that you did not repo	rt as priority	\$0.00	
	(Copy line 6g.)	separation agreement	or divorce that you did not repo		φυ.υυ	
9f Dehte t	o pension or profit-s	haring plans, and other	similar debts. (Copy line 6h.)		\$0.00	
5 Dobio (o policion of profit o	g piano, and other	canal dobto. (dopy and only	<u>*</u>	φυ.υυ	
9g. Total . <i>i</i>	Add lines 9a through	ı 9f.		\$^	171,246.00	

Fill in this information	Fill in this information to identify your case:					
Debtor 1	Steven	David	Salway			
	First Name	Middle Name	Last Name			
Debtor 2	Jessica	Lynn	Salway			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Nort	hern District o	Oklahoma		
Case number (if known)						

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	T an attorney to help you fill out bankruptcy forms?
☑No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Value of perjury, I declare that I have real land of perjury, I declare that I have real land of perjury, I declare that I have real land of l	// // // // // // // // // // // // //

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Fill in this information	n to identify your case				
Debtor 1	Steven	David	Salway		
	First Name	Middle Name	Last Name		
Debtor 2	_Jessica	Lynn	Salway		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Nort	hern District of Oklaho	oma	
Case number					Check if this
(if known)					amended filir

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

. What is your current marital sta Married	atus :				
☐ Not married					
During the last 3 years, have your No Yes. List all of the places you	-				
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
Number Street		From To	Same as Debtor 1 Number Street		Same as Debtor 1 From To
City Sta	ate ZIP Code	_	City	State ZIP Code	-
			☐ Same as Debtor 1		Same as Debtor 1
Number Street		From To	Number Street		From To
City Sta	ate ZIP Code	_	City	State ZIP Code	-
Number Street City Sta . Within the last 8 years, did you erritories include Arizona, Californ	ever live with a	To	City	y state or territory?(Com	To

ebtor 1 ebtor 2	Steven Jessica	David Lynn	Salway Salway		Case number (if know	(n)
	First Name	Middle Na	ime Last Name		Case number (# know	· · · · · · · · · · · · · · · · · · ·
Part 2: Ex	kplain the Source	s of Your I	ncome			
Fill in the to	tal amount of income	you receive	ent or from operating a busi d from all jobs and all busine ome that you receive togethe	esses, including part-time a		ears?
U No √1 Yes F	Fill in the details.					
4 100. 1	iii iii dio dotalio.		Debtor 1		Debtor 2	
			Sources of income	Gross Income	Sources of income	Gross Income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the		✓ Wages, commissions, bonuses, tips	\$0.00	✓ Wages, commissions, bonuses, tips	\$23,107.66	
uate you	date you filed for bankruptcy:		☑ Operating a business	\$0.00	☑ Operating a business	\$0.00
	For last calendar year: (January 1 to December 31, 2023 YYYYY	2023)	✓ Wages, commissions, bonuses, tips	\$0.00	✓ Wages, commissions, bonuses, tips	\$28,861.01
(January		YYYY	✓ Operating a business	\$0.00	✓ Operating a business	\$26,340.77
For the calendar year before that: (January 1 to December 31, 2022 YYYYY)		✓ Wages, commissions, bonuses, tips	\$36,681.00	✓ Wages, commissions, bonuses, tips	\$0.00	
		✓ Operating a business	\$0.00	✓ Operating a business	\$11,939.00	
Include inco public bene filing a joint	ome regardless of wh fit payments; pensior case and you have in	ether that inc ns; rental inc		of other income are alimoninely collected from lawsuit	y; child support; Social Secu s; royalties; and gambling an	
Yes. H	Fill in the details.		Debtor 1		Debtor 2	
			DODIOI I		Debitor 2	

□ No				
✓ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and	Sources of income Describe below.	Gross Income from each source (before deductions and
		exclusions)		exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, 2023 YYYYY	Federal and State Tax Refunds	\$1,014.00		
For the calendar year before that: (January 1 to December 31, 2022 YYYY	Federal and State Tax Refunds	\$1,044.00		

	Steven Jessica	David Lynn	Salway Salway		Case number (if	known)			
<u> </u>	First Name	Middle Name	Last Name	I fam Danil					
3: L	ist Certain Paym	ents You Made	Before You Filed	for Bankruptcy					
re eith	er Debtor 1's or Deb	tor 2's debts prima	rily consumer debts	?					
No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."								
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?								
	☐ No. Go to line 7	7.							
	paid that	t creditor. Do not in		al of \$7,575* or more in one domestic support obligation alkruptcy case.					
	* Subject to adjusti	ment on 4/01/25 an	d every 3 years afte	r that for cases filed on or a	after the date of adjustmer	t.			
Yes.	Debtor 1 or Debto	r 2 or both have nr	imarily consumer d	ahts.					
103.				u pay any creditor a total of	\$600 or more?				
	□ No. Go to line 7	·		a pay any ordanor a total or	фосо ст. п.с. ст.				
	include p		stic support obligation	al of \$600 or more and the ons, such as child support a	, ,				
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
	Freedom Road F	inancial	Monthly	\$243.00	\$10,480.00	Mortgage			
	Creditor's Name	- Harrora	. <u>monthly</u>	ΨΣ-10.00	Ψ10,400.00	☑ Car			
	10605 Double R	Blvd, #100				☐ Credit card			
	Number Street					Loan repayment			
	Reno, NV 89521-	.0000				Loan repayment			
	TOTIO, ITT GOOL I	0000	-			Cumpliara or vandara			
	City	State ZIP Code				Suppliers or vendors			
			•			☐ Suppliers or vendors ☐ Other			
		State ZIP Code	Monthly	\$709.00	\$37,950.00	• •			
	City Truity Credit Uni Creditor's Name	State ZIP Code	Monthly	\$709.00	\$37,950.00	Other			
	Truity Credit Uni Creditor's Name Po Box 1358	State ZIP Code	. Monthly	\$709.00	\$37,950.00	☐ Other ☐ Mortgage ☐ Car			
	City Truity Credit Uni Creditor's Name	State ZIP Code	Monthly	\$709.00	\$37,950.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK	State ZIP Code	<u>Monthly</u>	\$709.00	\$37,950.00	☐ Other ☐ Mortgage ☑ Car ☐ Credit card ☐ Loan repayment			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street	State ZIP Code	Monthly	\$709.00	\$37,950.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK	State ZIP Code	Monthly	\$709.00 <u></u>	\$37,950.00	☐ Other ☐ Mortgage ☑ Car ☐ Credit card ☐ Loan repayment			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City	State ZIP Code	Monthly	\$709.00 \$755.00	\$37,950.00 \$28,388.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name	State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Othe			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999	State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street	State ZIP Code 74005-1358 State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159	State ZIP Code 74005-1358 State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street	State ZIP Code 74005-1358 State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159	State ZIP Code 74005-1358 State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159	State ZIP Code 74005-1358 State ZIP Code -0999 State ZIP Code				☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159 City	State ZIP Code 74005-1358 State ZIP Code -0999 State ZIP Code	Monthly	\$755.00	\$28,388.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Other ☐ Other ☐ Other			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159 City Bank of Oklahor Creditor's Name 3815 E Frank Ph	State ZIP Code 74005-1358 State ZIP Code -0999 State ZIP Code	Monthly	\$755.00	\$28,388.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Other ☐ Mortgage			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159 City Bank of Oklahor Creditor's Name	State ZIP Code 74005-1358 State ZIP Code -0999 State ZIP Code	Monthly	\$755.00	\$28,388.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Credit card			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159 City Bank of Oklahor Creditor's Name 3815 E Frank Ph Number Street Bartlesville, OK	State ZIP Code	Monthly	\$755.00	\$28,388.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Credit card ☐ Loan repayment ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment			
	Truity Credit Uni Creditor's Name Po Box 1358 Number Street Bartlesville, OK City TTCU Creditor's Name Po Box 4999 Number Street Tulsa, OK 74159 City Bank of Oklahor Creditor's Name 3815 E Frank Ph Number Street	T4005-1358 State ZIP Code Openition T4005-1358 State ZIP Code Table Time Time Time Time Time Time Time Tim	Monthly	\$755.00	\$28,388.00	☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other ☐ Credit card ☐ Credit card			

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 74 of 108 Debtor 1 Steven David Salway Debtor 2 Salway Jessica Lynn Case number (if known) -First Name Last Name Middle Name Dates of Total amount paid Amount you still owe Was this payment for... payment Rainey's Tree Service June 2024 \$8,500.00 \$0.00 ■ Mortgage Creditor's Name ☐ Car 4727 Kevin Cr ☐ Credit card Street Number Loan repayment Bartlesville, OK 74006 ☐ Suppliers or vendors City ZIP Code Tree Other removal 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **√** No Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Street Number City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **✓** No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment Include creditor's name

Official Form 107

Insider's Name

State

ZIP Code

Number

City

Jessica Lynn Salway Case number (if known)	otor 1	Steven	David	Salway			
Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? at all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modific mirrat disputes. No Yes, Fill in the details. Nature of the case	tor 2		-	Salway	Ca	ase number (if known)
Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? It all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modific without actions and the property of the case	at 4. Jalo				_		
at all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modific naturated disputes. Nature of the case	1 4: Tae	entiry Legal Act	tions, Repossessi	ons, and Foreciosures	5		
Yes. Fill in the details.	st all such ntract disp	matters, including					custody modifications,
Nature of the case Court or agency Status of the Case Pending Court Name On appeal Concluded Number Street City State ZIP Code City State ZIP Code City State ZIP Code City		Il in the details					
Case title	Tes. Fil	ii iii tile details.		• •			
Court Name			Natur	e of the case	Court or agency		Status of the case
Case number Concluded	Case title						Pending
Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? eck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Date Value of the Explain what happened Property was repossessed. Property was repossessed. Property was garnished. Property was garnished. Property was attached, seized, or levied. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a use to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken					Court Name		
Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? eck all that apply and fill in the details below. No. Go to line 11. Preditor's Name Describe the property	Case num	ber			Number Street		
Describe the property Date Value of the Value of the Value of the Describe the property Date Describe the property Date Date Describe the action the creditor took Date action was Amount taken Describe the action the creditor took Date action was Amount taken Describe the action the creditor took Date action was Amount taken					City	State ZIP Code	
Describe the property Date Value of the							
Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was garnished. Property was attached, seized, or levied. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? Work State ZIP Code Date action was Amount taken Amount t				Describe the prop	perty	Date	Value of the prope
Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was garnished. Property was attached, seized, or levied. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? Work State ZIP Code Date action was Amount taken Amount t							
Property was repossessed. Property was foreclosed. Property was garnished. Property was garnished. Property was attached, seized, or levied. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a fuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken Creditor's Name	Creditor's N	ame					
□ Property was foreclosed. □ Property was garnished. □ Property was garnished. □ Property was attached, seized, or levied. ■ Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a truse to make a payment because you owed a debt? ▼ No □ Yes. Fill in the details. ■ Describe the action the creditor took ■ Date action was Amount taken □ Creditor's Name ■ □ Output Date action was Amount taken ■ Date action was Amount taken ■ Date action was Amount taken	OFCUILUI S IN						_
□ Property was garnished. □ Property was attached, seized, or levied. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a use to make a payment because you owed a debt? ☑ No □ Yes. Fill in the details. Describe the action the creditor took □ Date action was taken				Explain what hap	pened		_
Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your ause to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken Preditor's Name Street				_			
Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your a use to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken Preditor's Name Street				Property was re	epossessed.		
Amount taken Describe the action the creditor took Date action was Amount taken Describe the action the creditor took Creditor's Name				☐ Property was re☐ Property was fo☐ Property was go	epossessed. preclosed. arnished.		
Tyes. Fill in the details. Describe the action the creditor took Date action was Amount taken Describe the action the creditor took Creditor's Name Number Street	Number	Street	ate ZIP Code	☐ Property was re☐ Property was fo☐ Property was go	epossessed. preclosed. arnished.		
Fuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Creditor's Name Number Street Date action was Amount taken City State ZIP Code	Number	Street	ate ZIP Code	☐ Property was re☐ Property was fo☐ Property was go	epossessed. preclosed. arnished.		
Pescribe the action the creditor took Date action was taken Creditor's Name Number Street State ZIP Code	Number	Street		Property was re Property was fo Property was ga	epossessed. preclosed. arnished. ttached, seized, or levied.	n, set off any amou	nts from your accour
Describe the action the creditor took Creditor's Name Number Street Date action was taken Amount taken	Number Dity Within 90	Street Sta	filed for bankruptcy	Property was re Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied.	n, set off any amou	nts from your accoun
Creditor's Name Number Street State ZIP Code	Number City Within 90 use to ma	Street Sta	filed for bankruptcy	Property was re Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied.	n, set off any amou	nts from your accoun
Number Street Sity State ZIP Code	Number City Within 90 viuse to ma	Street Sta O days before you ake a payment become	filed for bankruptcy	Property was re Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied.	n, set off any amou	nts from your accoun
City State ZIP Code	Number City Within 90 viuse to ma	Street Sta O days before you ake a payment become	filed for bankruptcy	Property was re Property was for Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied. g a bank or financial institutio	Date action was	
City State ZIP Code Last 4 digits of account number: XXXX	Number City Within 90 iuse to ma ✓ No Yes. Fil	Street Sta O days before you ake a payment become a pay	filed for bankruptcy	Property was re Property was for Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied. g a bank or financial institutio	Date action was	
City State ZIP Code Last 4 digits of account number: XXXX	Within 90 use to ma	Street Sta O days before you ake a payment become a pay	filed for bankruptcy	Property was re Property was for Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied. g a bank or financial institutio	Date action was	
	Number City Within 90 Suse to ma Yes. Fill Creditor's Na	Street Sta O days before you ake a payment become a pay	filed for bankruptcy cause you owed a de	Property was re Property was for Property was go Property was at	epossessed. preclosed. arnished. ttached, seized, or levied. g a bank or financial institutio	Date action was	

r 2	Steven Jessica	David Lynn	Salway Salway	Once much as one	-1
	First Name	Middle Name	Last Name	_ Case number (if know	1)
Within 1 pointed r	l year before you fil receiver, a custodia	ed for bankruptcy, n, or another offici	was any of your property in the posses al?	sion of an assignee for the benefit o	f creditors, a court-
√No					
Yes					
rt 5: Lis	st Certain Gifts a	and Contributio	ns		
. Within 2	2 vears before you f	iled for bankruptcy	y, did you give any gifts with a total valu	e of more than \$600 per person?	
√ No	- ,		,, a.u. , o.u. g o a, g o u .o.a a		
☐ Yes. F	ill in the details for e	each gift.			
Gifts wit	th a total value of m	ore than \$600	Describe the gifts	Dates you gave the gifts	Value
Person to \	Whom You Gave the G	iift			
Number	Street				
City		ate ZIP Code			
Person's i	relationship to you _				
	2 years before you f	iled for bankruptcy	y, did you give any gifts or contributions	s with a total value of more than \$600	to any charity?
M _{NI}		asch gift or contribu	tion		
	ill in the details for e				
Yes. F	ill in the details for e	-		Date you	Value
Yes. F	ill in the details for e contributions to cha Il more than \$600	-	ibe what you contributed	Date you contributed	Value
Gifts or that tota	contributions to chall more than \$600	-			Value
Yes. F Gifts or that tota	contributions to chall more than \$600	-			Value
Yes. F	contributions to chall more than \$600	-			Value
Yes. F Gifts or that tota	contributions to chall more than \$600	-			Value
Yes. F Gifts or that tota	contributions to chall more than \$600	-			Value
Yes. F Gifts or that tota Charity's Na	contributions to chall more than \$600 ame	-			Value

or 1 or 2	Steven Jessica	David Lynn	Salway Salway		
.0. 2	First Name	Middle Name	Last Name	Case number (if kno	own)
rt 6: List 0	Certain Losses				
mbling? ☐No	-	ed for bankruptcy or	since you filed for bankruptcy, did you lose	e anything because of theft, t	fire, other disaster, or
√ Yes. Fill ir	n the details.				
Describe th how the los	e property you loss occurred	Include the	ny insurance coverage for the loss amount that insurance has paid. List pendin claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Storm dam deck	nage to house	and Insurance	paid \$18,000 for repairs and tree ren	moval. May 2024	\$18,000.00
t 7: List (Certain Payme	ents or Transfers			
-	omeys, bankrupte	cy petition preparers,	, or credit counseling agencies for services re	equired in your bankruptcy.	
No ☑Yes. Fill in				equired in your bankruptcy.	
☑ No ☑ Yes. Fill in	n the details.		or credit counseling agencies for services re	Date payment or	Amount of payment
☑ No ☑ Yes. Fill ir Brown Lav	n the details.	Descripti		Date payment or transfer was made	
☑ No ☑ Yes. Fill in Brown Law Person Who W	n the details. W Firm PC /as Paid	Descripti	ion and value of any property transferred	Date payment or	Amount of payment \$2,428.00
No Yes. Fill in Brown Law Person Who W 1609 E. 4tl	n the details. W Firm PC /as Paid	Descripti	ion and value of any property transferred	Date payment or transfer was made	
No Yes. Fill in Brown Lav Person Who W 1609 E. 4th Number Str	w Firm PC Vas Paid h St.	Descripti	ion and value of any property transferred	Date payment or transfer was made	
Person Who W 1609 E. 4th Number Str	w Firm PC Vas Paid h St. reet	Descripti	ion and value of any property transferred	Date payment or transfer was made	
Yes. Fill in Brown Law Person Who W 1609 E. 4th Number Str	w Firm PC /as Paid h St. reet 74120 State Z	Descripti	ion and value of any property transferred	Date payment or transfer was made	
Yes. Fill in Brown Law Person Who W 1609 E. 4th Number Str Tulsa, OK City Email or websi Salway, St	w Firm PC //as Paid h St. reet 74120 State Z steven & Jessica	Attorney CIP Code	ion and value of any property transferred	Date payment or transfer was made	
Yes. Fill in Brown Law Person Who W 1609 E. 4th Number Str Tulsa, OK City Email or websi Salway, St	w Firm PC //as Paid h St. reet 74120 State Z	Descripti Attorney CIP Code a f Not You	ion and value of any property transferred y's Fee, Filling Fee, Credit Report	Date payment or transfer was made 04/02/2024	\$2,428.00
Person Who W Tulsa, OK City Email or websi Salway, St Person Who M	w Firm PC /as Paid h St. reet 74120 State Z steven & Jessical lade the Payment, if	Descripti Attorney CIP Code a f Not You Descripti	ion and value of any property transferred	Date payment or transfer was made	
Person Who W Tulsa, OK City Email or websi Salway, St Person Who M Evergreen	w Firm PC /as Paid h St. reet 74120 State Z ste address seven & Jessicalade the Payment, if	Descripti Attorney EIP Code a f Not You Descripti	ion and value of any property transferred y's Fee, Filling Fee, Credit Report	Date payment or transfer was made 04/02/2024 Date payment or transfer was made	\$2,428.00 Amount of payment
Person Who M Tulsa, OK City Email or websit Salway, St Person Who M Evergreen Person Who W	w Firm PC //as Paid h St. reet 74120 State Z steven & Jessical de the Payment, if	Descripti Attorney EIP Code a f Not You Descripti	ion and value of any property transferred y's Fee, Filling Fee, Credit Report ion and value of any property transferred	Date payment or transfer was made 04/02/2024 Date payment or	\$2,428.00
Person Who W Tulsa, OK City Email or websi Salway, St Person Who M Evergreen Person Who W Po Box 38	w Firm PC //as Paid h St. reet 74120 State Z steven & Jessical de the Payment, if	Descripti Attorney EIP Code a f Not You Descripti	ion and value of any property transferred y's Fee, Filling Fee, Credit Report ion and value of any property transferred	Date payment or transfer was made 04/02/2024 Date payment or transfer was made	\$2,428.00 Amount of payment
Yes. Fill in Brown Lav Person Who W 1609 E. 4th Number Str Tulsa, OK City Email or websi Salway, St Person Who M Evergreen Person Who W Po Box 38 Number Str	w Firm PC //as Paid h St. reet 74120 State Z steven & Jessical lade the Payment, if prinancial Course Paid 101 reet	Descripti Attorney EIP Code a f Not You Descripti	ion and value of any property transferred y's Fee, Filling Fee, Credit Report ion and value of any property transferred	Date payment or transfer was made 04/02/2024 Date payment or transfer was made	\$2,428.00 Amount of payment
Yes. Fill in Person Who Werson Who Werson Who Werson Who Werson Who Merson Who Merson Who Merson Who Merson Who Werson Wh	w Firm PC //as Paid h St. reet 74120 State Z Ite address teven & Jessic lade the Payment, if b Financial Cou //as Paid 101 reet	Descripti Attorney EIP Code a f Not You Descripti	ion and value of any property transferred y's Fee, Filling Fee, Credit Report ion and value of any property transferred	Date payment or transfer was made 04/02/2024 Date payment or transfer was made	\$2,428.00 Amount of payment
Yes. Fill in Brown Lav Person Who W 1609 E. 4th Number Str Tulsa, OK City Email or websi Salway, St Person Who M Evergreen Person Who W Po Box 38 Number Str	w Firm PC //as Paid h St. reet 74120 State Z ite address seven & Jessica lade the Payment, if financial Cou //as Paid	Descripti Attorney a f Not You Descripti Credit Co	ion and value of any property transferred y's Fee, Filling Fee, Credit Report ion and value of any property transferred	Date payment or transfer was made 04/02/2024 Date payment or transfer was made	\$2,428.00 Amount of payment

btor 1 btor 2	Steven Jessica	David Lynn	Salway Salway		Case number (if kno	own)
	First Name	Middle Name	Last Name			,
elp you de	eal with your credit	led for bankruptcy, dic ors or to make payme transfer that you listed	I you or anyone else acting nts to your creditors? on line 16.	on your behalf pay	or transfer any property	r to anyone who promised
Yes. F	ill in the details.	Description	on and value of any proper	y transferred	Date payment or	Amount of payment
Person Wh	no Was Paid				transfer was made	
Number	Street					
City	State	ZIP Code				
√ No	ude gifts and transfe	Description	on and value of property		property or payments	Date transfer was
Person Wh	no Received Transfer	transferre	<u>:</u>	received or de	bts paid in exchange	made
Number	Street					
City	State	ZIP Code				
Person's	relationship to you.					
hese are No	10 years before you often called asset-p		did you transfer any propei	ty to a self-settled t	rust or similar device of	which you are a beneficia
		Description	on and value of the propert	/ transferred		Date transfer was made
Name of	trust ————					

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 79 of 108 Debtor 1 Steven David Salway Debtor 2 Jessica Lynn Salway Case number (if known). First Name Middle Name Last Name Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **√** No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance instrument closed, sold, moved, or before closing or transferred transfer Name of Financial Institution XXXX-______ Checking ■ Savings Number Street ■ Money market Brokerage Other _ City State **ZIP Code** 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **√**No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have ☐ No Name of Financial Institution Name ☐ Yes Number Street Number Street City **ZIP Code** State ZIP Code City State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? **✓** No Yes. Fill in the details.

Debtor 1 Steven David Salway Debtor 2 Jessica Lynn Salway Case number (if known) First Name Middle Name Last Name Who else has or had access to it? Describe the contents Do you still have □No Name of Storage Facility Name ☐ Yes Street Number Number Street City State **ZIP Code** City State ZIP Code Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **√**No Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Number Street City State **ZIP Code** City State **ZIP Code** Give Details About Environmental Information Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **√** No Yes. Fill in the details.

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 80 of 108

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 81 of 108 Debtor 1 **David** Steven Salway Debtor 2 Jessica Salway Lynn Case number (if known) First Name Middle Name Last Name Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Number Street City State ZIP Code City State **ZIP Code** 25. Have you notified any governmental unit of any release of hazardous material? **√**No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit Name of site Number Street Number Street City State **ZIP Code** City ZIP Code State 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. **√**No TVes Fill in the details

Tes. Fill III the details.			
	Court or agency	Nature of the case	Status of the case
Case title	Court Name		☐ Pending☐ On appeal☐ Concluded
	Number Street		
Case number	City State ZIP C	ode	

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 82 of 108 Debtor 1 Steven David Salway Debtor 2 Jessica Lynn Salway Case number (if known) _ First Name Middle Name Last Name Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ✓ A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. \mathbf{V} Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number BVille Nutrition, LLC** Do not include Social Security number or ITIN. Name LLC | 100% D2 | Herbalife Sales EIN: 0 0 - 0 0 0 6 1 8 0 Dates business existed Name of accountant or bookkeeper 819 S Madison Blvd Number Street From October 2020 To Present Bartlesville, OK 74006-8534 ZIP Code City State 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. **✓** No Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City State **ZIP Code**

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 83 of 108

Debtor 1 Debtor 2	Steven Jessica	David Lynn	Salway Salway	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12: S	ign Below			
and correct.	I understand that m	aking a false statemen	t, concealing property, or obtaining	I I declare under penalty of perjury that the answers are true ng money or property by fraud in connection with a or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
X <u>/s/ S</u>	Steven David Salw	<i>r</i> ay	X /s/ Jessica Lyni	n Salway
Signa	ture of Steven David	Salway, Debtor 1	Signature of Jessica	a Lynn Salway, Debtor 2
Date ₋	07/23/2024	-	Date <u>07/23/2024</u>	
Did you atta	ch additional pages	to your Statement of F	inancial Affairs for Individuals Fi	ling for Bankruptcy (Official Form 107)?
Yes				
Did you pay	or agree to pay son	neone who is not an att	orney to help you fill out bankrup	otcy forms?
√ No				•
_	ame of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this informatio	n to identify your case	:		
Debtor 1	Steven	David	Salway	
	First Name	Middle Name	Last Name	_
Debtor 2	Jessica	Lynn	Salway	
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bank	cruptcy Court for the:	Nort	hern District o	Oklahoma
Case number				
(if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List You	ur Creditors Who Have Secured Clair	ms		
. For any credito below.	rs that you listed in Part 1 of Schedule D: C	reditors Who Have Claims Secured by Property (Official Form	n 106D), fill in the information	
Identify the cre	ditor and the property that is collateral	What do you intend to do with the property that secure a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's name:	Truity Credit Union	Surrender the property.	☑ No	
Description of property securing debt:	2020 Ford Mustang	 ☐ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. 	□ Yes	
		Retain the property and [explain]:		
Creditor's name:	TTCU	☐ Surrender the property.☐ Retain the property and redeem it.	山 No ☑ Yes	
Description of property securing debt:	2020 Subaru WRX	 ☑ Retain the property and redection. ☑ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: 	2	

Debtor 1 Debtor 2	Steven Jessica First Name	David Lynn Middle Name	Salway Salway Last Name	Case number (if known)
Addition	al Page for Pa	art 1		
Creditor's			Surrender the property.	☐ No
name:	Freedom Ro	oad Financial	Retain the property and redeem it.	☑ Yes
Description of property securing debt:	2019 Suzuk Motor Cycle	i Hayabusa	Retain the property and enter into a Reaffirmation Agreement.	a
scouring debt.			Retain the property and [explain]:	
Creditor's			☐ Surrender the property.	☐ No
name:	Bank of Okl	ahoma	Retain the property and redeem it.	☑ Yes
Description of property securing debt:	329 N Cumr 74006-1902	nings Ave Bartlesville, Ok		

☐ Retain the property and [explain]:

ebtor 1 ebtor 2	Steven Jessica	David Lynn	Salway Salway	Case number (if known)
	First Name	Middle Name	Last Name	
art 2: List	Your Unexpired	Personal Property	/ Leases	
formation be	low. Do not list rea	il estate leases. Unexp		tracts and Unexpired Leases (Official Form 106G), fill in the in effect; the lease period has not yet ended. You may assume an
Describe y	our unexpired pers	sonal property leases		Will the lease be assumed?
Lessor's nar	ne:			☐ No
Description property:	of leased			☐ Yes
Lessor's nar	ne:			☐ No
Description property:	of leased			☐ Yes
Lessor's nar	me:			☐ No
Description property:	of leased			☐ Yes
Lessor's nar	me:			☐ No
Description property:	of leased			☐ Yes
Lessor's nar	ne:			☐ No
Description property:	of leased			☐ Yes
Lessor's nar	ne:			☐ No
Description property:	of leased			☐ Yes
Lessor's nar	ne:			☐ No
Description property:	of leased			☐ Yes
art 3: Sigr	n Below			
	ty of perjury, I decl t is subject to an u		ed my intention about any property	of my estate that secures a debt and any personal
X /s/ Stev	ven David Salwa	v	X /s/ Jessica Lynn Salw	/av
	of Debtor 1	-	Signature of Debtor 2	
Date <u>07/</u>	23/2024 / DD/ YYYY		Date 07/23/2024 MM/ DD/ YYYY	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Oklahoma

In re	Salway, Steve	en David		
	Salway, Jessi	ica Lynn	Case No.	
Debto	r		Chapter	7
		DISCLOSURE OF COM	IPENSATION OF ATTORNEY FOR	DEBTOR
1.	compensation pa	aid to me within one year before the	2016(b), I certify that I am the attorney for the filing of the petition in bankruptcy, or agreed mplation of or in connection with the bankrup	I to be paid to me, for services rendered
	For legal service	es, I have agreed to accept		\$2,000.00
	Prior to the filing	of this statement I have received		\$2,000.00
	Balance Due			\$0.00
2.	The source of th	ne compensation paid to me was:		
	☑ Debtor	Other (specify)		
3.	The source of co	ompensation to be paid to me is:		
	✓ Debtor	Other (specify)		
4.	☑ I have not a law firm.	greed to share the above-disclosed	compensation with any other person unless	they are members and associates of my
	_		npensation with a other person or persons what of the names of the people sharing in the contract of the people sharing in the peo	•
5.	In return for the	above-disclosed fee, I have agreed	to render legal service for all aspects of the b	bankruptcy case, including:
	a. Analysis of bankruptcy	-	I rendering advice to the debtor in determining	ng whether to file a petition in
	b. Preparation	n and filing of any petition, schedules	s, statements of affairs and plan which may b	be required;
	c. Representa	ation of the debtor at the meeting of	creditors and confirmation hearing, and any	adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Exemption planning; preparation and filing of reaffirmation agreements and applications as needed; meeting of creditors. In addition to portion of fee paid as stated herein, the court's filing fee and a credit report fee for each party has been paid by client(s). If amount paid as described above is less than amount owed for attorney fees, Client(s) have agreed to a voluntary payment plan for the balance owed. Debtor(s) have been advised they have no legal obligation to pay any outstanding pre-petition attorney fees owed at time of bankruptcy filing and that payments post-petition are strictly voluntary. Payment plans to Brown Law Firm often scheduled to be paid with a debit card or cash. Post petition fees are earned based on work performed, ie quantum meruit. Brown Law Firm has agreed to fully represent clients to finish the bankruptcy (normal and customary services for a chapter 7 bankruptcy as contained in the original contract) even if client(s) do not voluntarily pay attorney fees. Brown Law Firm does not factor any fees, has no association with any third party, and does not threaten to withhold services if payment is not made. Client may use the services of 722redemption.com to providing funding for redemptions of vehicles; debtor will borrow \$700 from 722redemption.com to pay attorney fees for attorney fees to obtain redemption. Brown Law Firm may charges as needed: a) \$250 for motions to avoid judicial lien(s), b) \$250 to amend bankruptcy schedules to add additional creditors, c) \$200 on a request by Client to Postpone/Continue Meeting of Creditors; d) Motion to Reopen Case to File Financial Management Course \$250 plus \$260 filing fee. Should Ron Brown or associate Gavin Fouts become unavailable, Brown Law Firm occasionally may need to hire independent counsel to cover trustee meetings.
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, 2004 exams or any other adversary or contested matter/proceeding. In Chapter 13 Bankruptcy Cases, attorney time, legal assistant time, and expenses will be billed against the file at the rate of \$350.00 per hour for Ron Brown, \$250 per hour for associate attorney time, \$75.00 per hour for legal assistant time (or the firm's current billing rates), and actual expenses. If such time and expenses exceed the amount stated above, an application to the Court may be made for additional fees and expenses to be paid through the Chapter 13 Plan or by the Debtor(s) as the Court orders may provide.

CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. O7/23/2024 Is/ Ron Brown Ron Brown Ron Brown Signature of Attorney Bar Number: 16352 Brown Law Firm PC 1609 E. 4th St. Tulsa, OK 74120 Phone: (918) 585-9500 Brown Law Firm PC Name of law firm

Fill	I in this information	to identify your case		I Flieu i	11 0360	ND/ON		one box 122A-1S	only as directed in this	form and in
D	Debtor 1	Steven	David	Salway					• •	
		First Name	Middle Name	Last Name			,		no presumption of abus	
	Debtor 2	Jessica	Lynn	Salway					lation to determine if a plies will be made unde	
(8	Spouse, if filing)	First Name	Middle Name	Last Name					Calculation (Official Fo	
U	Inited States Bankr	ruptcy Court for the:	North	ern District o	of Oklahom	<u>a</u>			ns Test does not apply	
	Case number						Of	qualified	military service but it co	uld apply later.
(if	f known)							neck if thi	s is an amended filing	
∩f	fficial Form	1221 1								
Cł	hapter 7	<u>Statemen</u>	t of Your (Current	t Mont	hly Ir	come			12/19
itta ind ec vith	nch a separate she I case number (if k cause of qualifying n this form.	et to this form. Inclu mown). If you believe	de the line number e that you are exem nplete and file <i>Stat</i>	to which the a poted from a po	dditional information of	ormation a of abuse be	pplies. On the ecause you d	e top of a	ng accurate. If more sp any additional pages, v ve primarily consumer (07(b)(2) (Official Form	vrite your name debts or
1.	What is your ma	rital and filing status	? Check one only.							
		Fill out Column A, line								
		our spouse is filing				2-11.				
	_	our spouse is NOT								
		the same household							office from the standards and	
	under pe		you and your spous	e are legally se	eparated und	er nonbanl	ruptcy law the	at applies	this box, you declare s or that you and your (b)(7)(B).	
va e:	01(10A). For exam aried during the 6 r	ple, if you are filing omonths, add the inco	on September 15, the me for all 6 months	e 6-month peri and divide the	od would be total by 6. Fi	March 1 th	rough August ult. Do not ind	t 31. If the clude any	e this bankruptcy case e amount of your month income amount more e nothing to report for a	nly income than once. For
							Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	es, salary, tips, bonu	ses, overtime, and	commissions	(before all pa	yroll	\$2,83	5.94	\$4,945.73	
3.	Alimony and ma is filled in.	intenance payments	. Do not include pay	ments from a	spouse if Col	umn B	\$	00.00	\$0.00	
4.	your dependents unmarried partne roommates. Inclu	n any source which s, including child super, members of your hade regular contributionents you listed on lin	pport. Include regul nousehold, your dep ons from a spouse o	ar contributions endents, parer	s from an nts, and		\$	<u> </u>	\$0.00	
5.	Net income from or farm	operating a busines	ss, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	efore all deductions)		\$0.00	\$0.00					
	Ordinary and ned	cessary operating exp	penses	- \$0.00	- \$0.00					
	Net monthly inco	me from a business,	profession, or farm	\$0.00	\$0.00	Copy here →	\$	30.00	\$0.00	
6.	Net income from	rental and other rea	al property	Debtor 1	Debtor 2					
-		pefore all deductions)		\$0.00	\$0.00					
	. ,	cessary operating exp		- \$0.00	- \$0.00					
	,					Сору				
	Net monthly inco	me from rental or oth	er real property	\$0.00	\$0.00	here →	\$	0.00	\$0.00	
7	Interest, dividen	ds, and rovalties						30.00	\$0.00	
1.	interest, divident	as, and regardes					<u> </u>	<u> </u>		

Jessica

Lynn

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 90 of 108 Steven

Case number (if known) -

Salway

	First Name Middle Name	Last Name			
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unemployment compensation		\$0.00	\$0.00	
	Do not enter the amount if you contend that the under	amount received was a benefit			
	the Social Security Act. Instead, list it here:				
	For you	\$0.00			
	For your spouse	\$0.00			
	9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exce do not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, they that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 of 10. Income from all other sources not listed above.	pt as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or a services. If you received any include that pay only to the extent to which you would otherwise be ther than chapter 61 of that title.	\$0.00	\$0.00	
	Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection winjury or disability, or death of a member of the list other sources on a separate page and put the	Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid by ith a disability, combat-related uniformed services. If necessary,			
Pa	Total amounts from separate pages, if any. 11. Calculate your total current monthly income. each column. Then add the total for Column A	to the total for Column B.	* \$2,835.94	+	= \$7,781.67 Total current monthly income
12.	Calculate your current monthly income for the year.	Follow these steps:			
	12a. Copy your total current monthly income from lin	•		Copy line 11 here →	\$7,781.67
	Multiply by 12 (the number of months in a year)			.,	x 12
				Г	
	12b. The result is your annual income for this part of	the form.		12b.	\$93,380.04
13.	Calculate the median family income that applies to y	ou. Follow these steps:			
	Fill in the state in which you live.	Oklahoma			
	Fill in the number of people in your household.	3			
	Fill in the median family income for your state and siz To find a list of applicable median income amounts, go instructions for this form. This list may also be available	o online using the link specified in the		13. [\$82,213.00
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Fo	he top of page 1, check box 1, <i>There</i> rm 122A-2.	is no presumption of al	ouse.	
	14b. Line 12b is more than line 13. On the top of p Go to Part 3 and fill out Form 122A–2.	age 1, check box 2, The presumption	n of abuse is determine	d by Form 122A-2.	

Debtor 1 Debtor 2	Case 24-109 Steven Jessica	969-M Docume David Lynn	ent 1 Filed in US Salway Salway	SBC ND/OK on 07/30/24 Page 91 of 108 Case number (if known)
	First Name	Middle Name	Last Name	· · ·
Part 3: Sign	Below			

		•			
	First Name	Middle Name	Last Name		
Part 3: Sign	Below				
By signing	here, I declare und	er penalty of perjury tha	at the information on thi	is statement and in any attachments is true and correct.	
X /s/ Ste	ven David Salway	,		X /s/ Jessica Lynn Salway	
Signatu	re of Debtor 1			Signature of Debtor 2	
Date <u>0</u>	7/23/2024	_		Date 07/23/2024	
M	IM/ DD/ YYYY			MM/ DD/ YYYY	
If you chec	ked line 14a, do NO	OT fill out or file Form 12	22A-2.		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

	\sim	<u> 24 10060 </u>	M Document	t 1 Eilad in	LUSBC_ND/C)K_on 0	7/20/24 Dago 02 (√+ 1 /\Q
Fill ir		to identify your ca		. 1 THEU III		JI UII U	Check the appropriate b 40 or 42:	
Deł	otor 1	Steven	David	Salway				
		First Name	Middle Name	Last Name		_	According to the calcula Statement:	tions required by this
	otor 2 ouse, if filing)	Jessica	Lynn	Salway		_	☑1. There is no presur	mption of abuse.
` .		First Name	Middle Name	Last Name	Oldeker		2. There is a presum	
		ruptcy Court for the	: Nortr	nern District of	Okianoma	-		
	se number nown)						Check if this is an am	nended filing
 Offi	cial Form	122A-2						
]h	anter 7	—— Means Te	est Calcula	ation				04/22
	•				ent of Your Current	t Monthly I	ncome (Official Form 122A-1	
ttach nd c	a separate she ase number (if k	et to this form. Inc	lude the line number				nsible for being accurate. If On the top of any additional	
1.	Copy your total	I current monthly i	ncome.	Copy line	e 11 from Official F	rom 122A-	1 here →	\$7,781.67
2.	Did you fill out	Column B in Part	1 of Form 122A-1?					
	☐No. Fill in \$0	for the total on line	e 3.					
	✓ Yes. Is your	spouse filing with y	ou?					
	□ _{No. Go t}	to line 3.						
	√ Yes. Fill	in \$0 for the total of	on line 3.					
3.			me by subtracting arents. Follow these ste		oouse's income no	t used to p	ay for the household	
		umn B of Form 122 enses of you or you	•	t of the income yo	ou reported for you	r spouse N	OT regularly used for the	
	☑ No. Fill in 0 f	for the total on line	3.					
	Yes. Fill in th	ne information belov	w:					
	State each	h purpose for whic	ch the income was us	sed	Fill in the amou			
	For examp	ple, the income is u	sed to pay your spous you or your depende	se's tax debt or	are subtracting your spouse's			
					+			
	Total					\$0.00	Copy total here→	\$0.00
4.	Adjust your cu	rrent monthly inco	me. Subtract the total	I on line 3 from lir	ne 1.			\$7 781 67

se 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 93 of 108

 Steven
 David
 Salway

 Jessica
 Lynn
 Salway

 First Name
 Middle Name
 Last Name

Case number (if known)

Dα	rt	2	

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the guestions in lines 6-7.

. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,677.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

\$249.00

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$83.00
- 7b. Number of people who are under 65 X 3
- 7c. Subtotal. Multiply line 7a by line 7b.

Copy here → \$249.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$158.00
- 7e. Number of people who are 65 or older X **0**
- 7f. Subtotal. Multiply line 7d by line 7e. _____**\$0.00** Copy here → + **\$0.00**
- 7g. **Total.** Add lines 7c and 7f.

\$249.00 Copy total here →

\$249.00

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 94 of 108 Salway

ebtor	2 Je	essica	Lynn	Salwa	ay		Case numb	oer (if known)	
	Fir	st Name	Middle Name	Last Na	ame			,	
Lo	cal Standards	You must use	the IRS Local Star	ndards to an	swer the questions i	n lines 8-15.			
		ion from the IRS, ses into two parts		rogram has	divided the IRS Lo	cal Standard	for housing for		
_ ⊔^	ueina and utili	tice — Incurance	and operating exp	oneoe					
	_	ties – Mortgage d		511565					
					m chart. To find the y also be available a				
8.					Jsing the number of enses				\$752.00
9.	Housing and	utilities – Mortga	ge or rent expense	s:					
			•	•	e dollar amount liste		\$1,090.00		
	9b. Total ave	rage monthly pay	ment for all mortga	ges and oth	er debts secured by	your			
	contractu				mounts that are hs after you file for				
	Name o	f the creditor			Average monthly payment				
	Bank of	f Oklahoma			<u>\$541.34</u>	1			
					+				
		Total averag	e monthly paymen	t	\$541.34	Copy here →	\$541.34	Repeat this amount on line 33a.	
	9c. Net mortga	age or rent expen	se.						
			ge monthly payment t is less than \$0, en		9a (mortgage or		\$548.66	Copy here →	\$548.66
10.					RS Local Standard fo		incorrect and aff	ects	\$0.00
	Explain why:								
11.		•	s: Check the numb	er of vehicle	es for which you clai	m an ownersh	ip or operating e	xpense.	
	0. Go to								
	☐ 1. Go to☐ 2 or more	e. Go to line 12.							
	21 2 01 111010	e. Gu tu iiile 12.							
12.					and the number of ve us region or metropo			operating	\$520.00

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 95 of 108

Steven	David	Salway	3 ND/OK 0H 01/30/24 1 age 33 0H 100
Jessica	Lynn	Salway	Case number (if known)
First Name	Middle Name	Last Name	()

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1	Describe Vehicle 1:	2020 Subaru	WRX				
13a. Ownersh	nip or leasing costs using	IRS Local Stand	dard		\$619.00		
I3b. Average	monthly payment for all	debts secured by	y Vehicle 1.				
Do not ir	nclude costs for leased v	ehicles.					
13e, add secured	late the average monthly I all amounts that are cor creditor in the 60 months ride by 60.	ntractually due to	each				
Name o	f each creditor for Vehic	cle 1	Average monthly payment				
TTCU			\$548.82				
	Total average m	onthly payment	<u>\$548.82</u>	Copy here →	\$548.82	Repeat this amount on line 33b.	
	icle 1 ownership or lease	e expense			\$70.18	Copy net Vehicle 1	
	t line 13b from line 13a. I	If this number is I			<u> </u>	expense here→	<u>\$70.</u>
Downership of Average more		20 Ford Musta S Local Standard ts secured by Ve	ng		\$619.00	•	<u>\$70.</u>
Ownership of Average more Do not include	r leasing costs using IRS	20 Ford Musta S Local Standard. ts secured by Velles.	hicle 2.			•	<u>\$70.</u>
Ownership o Average mor Do not includ Name o	r leasing costs using IRS onthly payment for all debite costs for leased vehice	20 Ford Musta S Local Standard. ts secured by Velles.	i ng hicle 2.			•	<u>\$70.</u>
Ownership o Average mor Do not includ Name o	r leasing costs using IRS onthly payment for all debite costs for leased vehicle	20 Ford Musta S Local Standard. ts secured by Velles.	hicle 2. Average monthly payment			•	<u>\$70.</u>
Ownership of Average more Do not include Name of Truity	r leasing costs using IRS onthly payment for all debite costs for leased vehice f each creditor for Vehice Credit Union	20 Ford Musta S Local Standard ts secured by Vel les. cle 2	hicle 2. Average monthly payment \$733.68 +		\$619.00 \$733.68	Repeat this amount on line 33c. Copy net	<u>\$70.</u>
Ownership of Average more Do not include Name of Truity	r leasing costs using IRS Inthly payment for all debit de costs for leased vehice f each creditor for Vehice Credit Union	20 Ford Musta S Local Standard. Its secured by Velles. Cle 2 Onthly payment See expense	hicle 2. Average monthly payment \$733.68 + \$733.68	. Copy	\$619.00	Repeat this amount on line 33c.	
Ownership of Average more Do not include Name of Truity	r leasing costs using IRS Inthly payment for all debit de costs for leased vehice f each creditor for Vehice Credit Union Total average manicle 2 ownership or lease	20 Ford Musta S Local Standard Its secured by Vel Ites. Cle 2 Onthly payment Se expense is number is less I claimed 0 vehicle	hicle 2. Average monthly payment \$733.68 + \$733.68 than \$0, enter \$0	. Copy here →	\$619.00 - \$733.68 \$0.00	Repeat this amount on line 33c. Copy net Vehicle 2 expense here→	<u>\$70.</u>

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 96 of 108 Salway

Jessica	Lynn	Salway	Case number (if known)
First Name	Middle Name	Last Name	,

	ther Necessary xpenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
16.	Social Security taxes you expect to receive that is withheld to pay	ount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount of for taxes. State, sales, or use taxes.	<u>\$808.95</u>
17.	uniform costs.	ns: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and nts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$0.00
18.	include payments tha	otal monthly premiums that you pay for your own term life insurance. If two married people are filing together, t you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, e's life insurance, or for any form of life insurance other than term.	<u>\$0.15</u>
19.	Court-ordered payme spousal or child supp	ents: The total monthly amount that you pay as required by the order of a court or administrative agency, such as ort payments.	\$0.00
	Do not include payme	ents on past due obligations for spousal or child support. You will list these obligations in line 35.	
20.		monthly amount that you pay for education that is either required:	\$0.00
	as a condition forfor your physically	your job, or or or mentally challenged dependent child if no public education is available for similar services.	
21.		monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. ents for any elementary or secondary school education.	\$0.00
22.	The monthly amount reimbursed by insura	re expenses, excluding insurance costs: that you pay for health care that is required for the health and welfare of you or your dependents and that is not not not or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Insurance or health savings accounts should be listed only in line 25.	\$0.00
23.	dependents, such as	and telephone services: The total monthly amount that you pay for telecommunication services for you and your pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent ealth and welfare or that of your dependents or for the production of income, if it is not reimbursed by your	+\$0.00
		ents for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such line 5 of Official Form 122A-1, or any amount you previously deducted.	
24.	Add all of the expense Add lines 6 through 2	ses allowed under the IRS expense allowances. 3.	\$4,625.94

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 97 of 108 Steven

 Steven
 David
 Salway

 Jessica
 Lynn
 Salway

 First Name
 Middle Name
 Last Name

Case number (if known)

	Additional Expense These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.	
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.	
	Health insurance \$1,573.29	
	Disability insurance \$0.00	
	Health savings account + \$0.00	
	Total	\$1,573.29
	Do you actually spend this total amount?	
	□ No. How much do you actually spend? □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
26.	Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to part for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	\$0.00
	By law, the court must keep the nature of these expenses confidential.	
28.	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.	
	If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.	n \$0.00
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.	
29.	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.	\$0.00
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonal and necessary and not already accounted for in lines 6-23.	ble
	* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.	
30.	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothin allowances in the IRS National Standards.	\$0.00
	To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this for This chart may also be available at the bankruptcy clerk's office.	m.
	You must show that the additional amount claimed is reasonable and necessary.	
31.	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to religious or charitable organization. 126 U.S.C. § 170(c)(1)-(2).	a + \$0.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.	\$1,573.29

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 98 of 108

Steven	David	Salway	
Jessica	Lynn	Salway	Case number (if known)
First Name	Middle Name	Last Name	

Dedu	actions for Debt Payment						
	For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.						
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.						
	Average monthly payment						
	Mortgages on your home						
	33a. Copy line 9b here → \$541.3 4						
	Loans on your first two vehicles						
	33b. Copy line 13b here → \$5 4				\$548.82		
	33c. Copy line 13e here	33c. Copy line 13e here → \$733					
	33d. List other secured debts:						
	Name of each creditor for other secured debt	Identify property that see	cures the	Does payment include taxes or insurance?			
	Freedom Road Financial	2019 Suzuki Hayabu	sa	✓ No ☐ Yes ☐ No	\$202.61		
				☐ Yes☐ No☐ Yes	+	Copy total	******
	33e. Total average monthly paymen	t. Add lines 33a through 33d			<u>\$2,026.45</u>	$\textbf{here}{\rightarrow}$	\$2,026.45
	4. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?						
	☐ No. Go to line 35. ✓ Yes. State any amount that you m possession of your property (calle	ust pay to a creditor, in addition t d the <i>cure amount</i>). Next, divide	o the payments by 60 and fill in	s listed in line 33, the information l	to keep below.		
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
				÷ 60 =			
				÷ 60 =			
			· -	÷ 60 =			
				Total	\$0.00	Copy total here→	\$0.00
	Do you owe any priority claims such that are past due as of the filing date						
	☑ No. Go to line 36.						
Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.							
	·	priority claims		······		÷ 60 ≡	

Case 24-10969-M Document 1 Filed in USBC ND/OK on 07/30/24 Page 99 of 108 Salway

Debto	or 2	Jessica	Lynn	Salway	,	_	Case number (if known)	
		First Name	Middle Name	Last Nam	ie	_	,	
36.	For more	e information, go on		Bankruptcy Bas	9(e). sics specified in the sep e at the bankruptcy clei			
		Go to line 37.	.,,					
	Yes.	Fill in the following	information.					
		Projected monthly	plan payment if you w	ere filing unde	r Chapter 13			
		Administrative Off	for your district as state ice of the United State by the Executive Office	s Courts (for di	istricts in Alabama and	x		
		link specified in th	trict multipliers that inc e separate instructions nkruptcy clerk's office.		trict, go online using the This list may also be	e	Copy total	
		Average monthly	administrative expense	if you were fili	ing under Chapter 13		——— here →	
37.		of the deductions for s 33e through 36						\$2,026.45
Tot	al Deduc	tions from Income						
38.	Add all	of the allowed dedu	ctions.					
			enses allowed under l		\$4,625.94			
	Copy li	ne 32, All of the add	litional expense deduc	tions	\$1,573.29			
	Copy li	ne 37, All of the dea	luctions for debt payme	ent	+ \$2,026.45			
			Tota	I deductions	\$8,225.68	Copy total h	ere	\$8,225.68
Part	3: Det	ermine Whether	There Is a Presum	nption of Abu	use			
39.	Calculat	te monthly disposal	ble income for 60 mon	ths				
	39a.	Copy line 4, adjuste	ed current monthly inco	ome	\$7,781.67			
	39b.	Copy line 38, Total	deductions	•	- \$8,225.68			
	39c.	Monthly disposable Subtract line 39b fr	income. 11 U.S.C. § 7 om line 39a.	707(b)(2).	(\$444.01)	Copy here →	(\$444.01)	
		For the next 60 mo	nths (5 years)				x 60	
	39d.	Total. Multiply line 3	39c by 60				(\$26,640.60)	(\$26,640.60)
40.		line 39d is less than	presumption of abuse \$9,075.00*. On the top			There is no pre	esumption of abuse. Go	
☐ The line 39d is more than \$15,150.00*. On the top of page 1 of this form, check box 2, <i>There is a presumption of abuse</i> . You may fill out Part 4 if you claim special circumstances. Then go to Part 5.								
	☐ The line 39d is at least \$9,075.00*, but not more than \$15,150.00*. Go to line 41.							
	* Sub	oject to adjustment c	on 4/01/25, and every 3	years after that	at for cases filed on or	after the date of	of adjustment	

Debtor 1 Debtor 2	Case 24-109 Steven Jessica	69-M Docume David Lynn	ent 1 Filed in USBC N Salway Salway	D/OK on 07/30/24 Page 100 of 108 Case number (if known)					
	First Name	Middle Name	Last Name						
	Summary of Your A	f your total nonpriority ssets and Liabilities and um), you may refer to li	chedules						
	25% of your total no Multiply line 41a by		ebt. 11 U.S.C. § 707(b)(2)(A)(i)(l)	x .25 Copy here →					
is enou		our unsecured, nonpri	after subtracting all allowed dec ority debt.						
	39d is less than lin D Part 5.	e 41b. On the top of pa	ge 1 of this form, check box 1, Th	ere is no presumption of abuse.					
			the top of page 1 of this form, che ecial circumstances. Then go to P	eck box 2, <i>There is a presumption</i> art 5.					
Part 4: Give	e Details about :	Special Circumstar	nces						
☑ No. ☐ Yes.	·								
	Give a detailed	explanation of the spo	ecial circumstances	Average monthly expense or income adjustment					
C: a	- Delevi								
	n Below								
By sigr	ning here, I declare	under penalty of perjury	that the information on this state	ment and in any attachments is true and correct.					
X /s	s/ Steven David Sa	lway	X	/s/ Jessica Lynn Salway					
Siç	gnature of Debtor 1			Signature of Debtor 2					
Da	ate 07/23/2024 MM/ DD/ YYYY	<u> </u>		Date 07/23/2024 MM/ DD/ YYYY					

Revised 08/2020

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:	Salway, Steven David	Case No.						
	Salway, Jessica Lynn	Chapter 7						
	Debtor(s)							
	VERIFICATION	I AS TO OFFICIAL CREDITOR LIST						
	✓ Original ☐ Amendment							
		Add Delete						
applicati		naster mailing list of creditors submitted either on the Creditor List Submission im is a true, correct and complete listing to the best of my knowledge.						
		ompleteness in preparing the creditor listing are the shared responsibility of the debtor or listing for all mailings, and (3) that the various schedules and statements required .						
time. (F	-	st, indicate <u>only</u> the number of creditors being added or to be deleted at this ditors being submitted, uploaded, or to be deleted.)						
	# of Creditors (or if amended, # of	creditors added)						
	Method of submission:							
	(a) v uploaded to Electronic Case	Filing System; or						
	(b) Creditor List Submission app www.oknb.uscourts.gov, or a	lication (to be used by Pro Se filers, found on the court's website at vailable in the Clerk's Office)						
	# of Creditors (on attached list) to	pe deleted						
	/s/ Steven David Salway	/s/ Jessica Lynn Salway						
	Steven David Salway	Jessica Lynn Salway						
	Debtor Signature	Joint Debtor Signature						
<i>-</i>	Address: (if not represented by an attorney)	Address: (if not represented by an attorney)						
- F	Phone: (if not represented by an attorney)	Phone: (if not represented by an attorney)						
ļ	Date 07/23/2024	/s/ Ron Brown						
		Ron Brown Signature of Attorney						
[Check if applicable]	Bar Number: 16352						
	Creditors with foreign addresses included	Brown Law Firm PC						
		1609 E. 4th St.						
		Tulsa, OK 74120 Phone: (918) 585-9500						
		Phone: (918) 585-9500 Email: ron@ronbrownlaw.com						
		Name/OBA#/Address/Telephone #/Email						

Revised 08/2020

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

OFFICIAL CREDITOR LIST GUIDELINES

The Official Creditor List must be provided to the court in electronic format and meet the following criteria as described below:

- The name and address of each creditor must be five (5) lines or fewer
- Each line may contain no more than 40 characters including spaces
- Names and addresses should be left justified (no leading spaces) with only one column of creditors
- If attention lines are used, they should appear on the second line of the address
- City, state, and ZIP code must be on the last line
- All states must be two-letter abbreviations
- If a nine-digit ZIP code is used, a hyphen must separate the first five digits from the last four digits
- DO NOT include the following names on the mailing list, they will be retrieved automatically by the court's computer system: debtor, joint debtor, attorney for debtor(s), United States Trustee

Attorney Filers

Most bankruptcy preparation software packages have the ability to save the creditor list electronically in the proper format. Please check with your software company to ensure you have this option.

Filers without an Attorney (Pro Se Debtors)

Filers without an attorney may submit creditors through the Creditor List Submission application which can be accessed from the Court's website at www.oknb.uscourts.gov, or in the Clerk's Office.

Computer Access

Any pro se debtor or attorney who does not have access to a computer may use the equipment located in the Clerk's office to create the Official Creditor List.

Verification of Creditor List

Each submission of an Official Creditor List shall be accompanied by a cover sheet or Verification as to Official Creditor List in the format outlined by the Clerk.

Amendments

Amendments to the Official Creditor List shall contain only names and addresses to be added to or deleted from the Official Creditor List and must comply with the above-described criteria.

American Eagle Po Box 71757 Philadelphia, PA 19176-1757

Ascension St. John Po Box 42008 Phoenix, AZ 85080-2008

Bank of Oklahoma 3815 E Frank Phillips Blvd Bartlesville, OK 74006-8317

Bank of Oklahoma Po Box 790299 Saint Louis, MO 63179-0299

BVille Nutrition, LLC 819 S Madison Blvd Bartlesville, OK 74006-8534

Capital One Po Box 3123 Salt Lake Cty, UT 84110

Carson Smithfield PO Box 660397 Dallas, TX 75266-0000

CBNA Wayfair Po Box 6497 Sioux Falls, SD 57117-6497 Citi Po Box 790040 Saint Louis, MO 63179-0040

Client Services, Inc 3451 Harry Truman Blvd Saint Charles, MO 63301-4047

Comenity Bank Maurices Po Box 182273 Columbus, OH 43218-2273

Comenity Bank Maurices Po Box 182789 Columbus, OH 43218-2789

Comenity/The Buckle Po Box 182273 Columbus, OH 43218-2273

Cornerstone 633 Spirit Drive Chesterfield, MO 63005

Credit Bureau Systems Attn: Bankruptcy 100 Fulton Court Paducah, KY 42001

Credit One Po Box 98872 Las Vegas, NV 89193-8872 Credit One Bank Na Po Box 98872 Las Vegas, NV 89193-8872

Cws/cw Nexus Po Box 9201 Old Bethpage, NY 11804

Discover Financial Attn: Bankruptcy PO Box 3025 New Albany, OH 43054

Discover Financial Po Box 30939 Salt Lake Cty, UT 84130-0939

Emergency Health Po Box 207529 Dallas, TX 75320-7529

Freedom Road Financial 10605 Double R Blvd, #100 Reno, NV 89521-0000

Goldman Sachs Bank USA PO Box 45400 Salt Lake City, UT 84145-0400

Hillcrest HealthCare System 10502 N 110th East Ave Owasso, OK 74055-6655 Internal Revenue Service Po Box 7346 Philadelphia, PA 19101-7346

Labcorp Po Box 8007 Burlington, NC 27216-8007

Linebarger Goggan Blair & Sampson, LLP Po Box 950391 Oklahoma City, OK 73195-0391

Lvnv Funding/Resurgent Capital Attn: Bankruptcy

PO Box 10497 Greenville, SC 29603

Marshall County Hospital Po Box 9200 Paducah, KY 42002-9200

Merrick Bank 10705 S Jordan Gtwy South Jordan, UT 84095-3926

Merrick Bank Po Box 9201 Old Bethpage, NY 11804-9001

Midland Credit Mgmt Attn: Bankruptcy PO Box 939069 San Diego, CA 92193

Navient

Po Box 9500 Wilkes Barre, PA 18773-9500

Oklahoma Tax Commission 2501 N Lincoln Blvd Oklahoma City, OK 73105-4508

Pathology Laboratory Associates Dept 1050 Tulsa, OK 74182-0001

Portfolio Recovery Associates, LLC PO Box 41067 Norfolk, VA 23541-0000

Service Finance Company Attn: Bankruptcy PO Box 2935 Gainesville, GA 30503

Synchrony Bank Po Box 71715 Philadelphia, PA 19176-1715

Synchrony Bank/HHGregg Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Truity Credit Union Po Box 1358 Bartlesville, OK 74005-1358 TTCU Po Box 4999 Tulsa, OK 74159-0999

Ulta Mastercard Po Box 183003 Columbus, OH 43218-3003

Utica Park 10502 N 110th East Ave Owasso, OK 74055-6655

Utica Park Clinic Dept 1304 Tulsa, OK 74182-0001

Velocity Investment Po Box 788 Belmar, NJ 07719-0788

Verizon Wireless PO Box 105 Atlanta, GA 30348-0000